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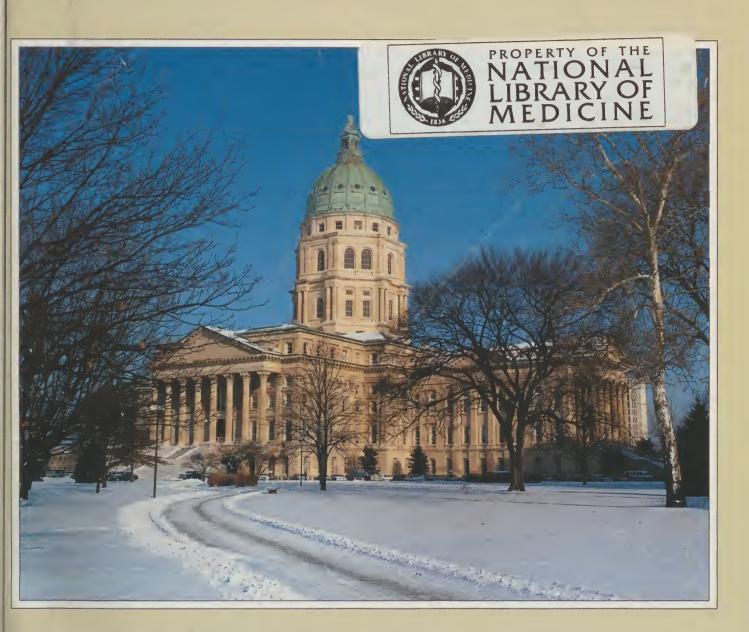
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January 1994

Volume 95, Number 1



- Alteration of the Record
- Childhood Mortality from Injuries
- Renal Cell Carcinoma & Cerebellar Mass
- HIV Prevalence Among Women



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ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of Kansas Medicine for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for Kansas medicine by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

raditionally, the Kansas State Capitol has graced the cover of the January issue of KANSAS MEDICINE. This is a time to remember that on January 19, 1861, Kansas became the 34th state in the Union, and that during the Civil War she contributed a higher percentage of her population to the Union forces than any of the other northern states.

This is also a time to think of another war, though perhaps a friendlier one than that mentioned above: the beginning of the 1994 Legislative Session. As the Kansas Medical Society, we need to be good citizens, both individually and collectively, to see that laws that affect the health of Kansas citizens do indeed promote good health.

All of us learned in school that our state capitol is in Topeka, but how many of us know that Kansas has had six capitols (and capitals) in its history? The first territorial capitol was at Ft. Leavenworth in 1854. Later that year, the capital was relocated to Shawnee Mission. For part of 1855 it was Shawnee Mission, and then Pawnee. The capitol from Pawnee has been restored and is part of an historical walk at Ft. Riley. Lecompton was the capital from 1857 to 1858. Then Lawrence had a turn from 1858 to 1859, when it was moved to what we presume is its permanent home, Topeka.

Construction of the capitol building was begun in 1866, and it was "completed" in 1903. We have put the word completed in quotes because the building was never finished quite the way it was originally envisioned. Previous cover stories have detailed some of the problems that accompanied its construction. A statue of Ceres, the goddess of the harvest, was to be placed atop the dome, but since Ceres' traditional costume was topless the mores of the day intervened. (Apparently, no one thought to solve the problem with strategic placement of her sheaf of wheat.) In recent years, as classical motifs have declined in popularity, the figure of an Indian has been suggested for the ornament on the dome. A design was created, and a model exists, but so far the Legislature has balked at approving the funds necessary to make the full-size version.

That the Legislature has had trouble getting this matter resolved should surprise no one, since the state motto, "ad astra per aspera," means "to the stars through difficulty." No self-respecting Jayhawker would want it any other way.

What Is Past Is Prologue

year with all the hopes, expectations and resolves for change for the better, fruition of dreams and plans for improvement in personal, professional, social and legislative arenas, it is wise to pause and reflect on the past to



avoid its errors as we lay out the course for the future. Nowhere is this truer than in the halls of Congress, and in our own statehouse as the Kansas Legislature begins another session this month.

January is named for the Roman god Janus, keeper of gates and doors; therefore the door-keeper of heaven and the god of beginnings and endings. He was originally a supreme deity and in later mythology was second only to Jupiter. Janus was the mediator of prayers and petitions to the other gods. His blessing was asked at the beginning of every day, month and year. He was also said to preside over the sowing of crops. Roman commanders departed for war through the doors of his temple at the Forum, closed only in times of peace. Janus was most often portrayed in art with two faces looking in opposite directions, symbolizing his view toward both the past and the future.

Such an outlook is essential as individuals, communities, states and nations move toward the 21st century. We need to learn from the past in order to avoid repeating our errors (however well intentioned) as we plan for the future. The maxim "Those who do not learn from history are doomed to repeat it" is as applicable today as when it was first uttered. Yet the number of leaders who fail to heed its warning is amazing.

Our state and federal legislators will convene this month with a long list of things to be done, issues that will require truth, honesty, unbiased discussion and time to find the right way to proceed. In addition, it is vital that they look to the past to avoid pitfalls which await them if they fail to seek the benefits of hindsight.

Health care will be an important topic at both the federal and state levels — and we hope the outcome will spell reform and not revolution. The federal government seems bent on government control of the new health care system, yet one has only to look at the recent past to see the government's inability to manage Medicare and Medicaid. A longer look into the past recalls the Veterans Administration and the Indian Health Service as examples of government ineptness. Most people do not feel the federal government can capably run a health care program, and they favor a restructuring of the present system instead. Will Topeka and Washington listen?

One can only hope that government, both state and federal, will look Janus-like at both the past and the future to avoid making a mistake. The feds should remember their error when they predicted the cost of Medicare by 1990. Kansas has labored over the Medicaid budget shortfalls since its beginnings. It seems that either the government can't count, or it doesn't want to learn.

It would be wise for all of us to review some wisdom from the past. Abraham Lincoln made some pithy observations that still hold true:

You cannot bring about prosperity by discouraging thrift.

You cannot strengthen the weak by weakening the strong.

You cannot help the little man by tearing down big men.

You cannot help the wage earner by pulling down the wage payer.

You cannot establish sound security on borrowed money.

You cannot keep out of trouble by spending more than you earn.

You cannot build character and courage by taking away men's initiative and independence.

You cannot help men permanently by doing for them what they could and should do for themselves.

These timeless words are valuable for all of us to ponder as we look forward to a new year that will be better, brighter and more fulfilling than the one just past. W.E.M.

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Curtain Calls or Curtains for the Clinton Health Plan?

he AMA has called the Clinton Health Plan a four-act play. Act I began when Governor Bill Clinton started down the campaign trail, emphasizing the need for fundamental reform of the health care system. All of us owe the Clintons our *thanks* for



beginning this dramatic event, which emphasizes access for all persons, a basic benefits package and preventive care.

The curtain fell on Act I in September, when the President gave his three-hour speech to the Joint Session of the U.S. Congress, and several competing plans were introduced in Congress.

The plot thickened in Act II, starting with Clinton's 4½-pound "Health Security Act" presented to the House of Representatives. In Act III, the Senate will consider the plan.

Act IV will feature a massed chorus in the form of the largest conference committee Washington has ever seen. As Senator Dole continues to emphasize, there will be no vote next week. It will be at least a one-year process to run the legislative gamut.

Our policy has been neither to oppose nor to endorse any of these plans. Instead, as physicians, we must be able to continue to advocate for our patients. We don't provide medical care for global patients, so we don't endorse global budgets. The AMA was initially shut out of the decision making process, but insisted on being heard. The "private and confidential" early release of the President's plan when compared with the final document shows how much influence organized medicine has had. It also emphasizes the idiocy of the closed process which would have locked out medicine as a special interest. (It is true that we have a special interest: the welfare of our patients.)

The Clinton proposal provides a framework for discussion. As the Clintons themselves say, it is open to compromise. Even Democratic Sen. Moynihan refers to the "fantasy financing" aspect of the plan. And there has been much criticism from both sides of the aisle regarding the bureaucracy involved. Of the many competing plans —

Clinton, Gramm, Mitchell, Nichols/Stearns (with medical savings accounts), McDermott (single payor), Dole/Chafee, and Cooper, to name a few — at least six are now before Congress. The cost of the plan and how to fund it are still unanswered questions.

In their basic simplicity, the KMS Health Access Objectives are very pertinent. Much agreement exists in all these plans. Tort reform, even the abolition of the collateral source rule, which Kansas lost in a 1993 Supreme Court decision, is in the President's plan. We *need* a significant limit on attorney fees. We *need* a cap on non-economic damages, such as the one we advocate in Kansas. Even Sen. Jay Rockefeller endorses caps on non-economic damages, a tort reform that really holds down costs. However, when asked about this issue, Sen. Rockefeller predicted that it would not pass in the Senate.

Tax code reform is needed for deductibility of premiums paid by either a company or an individual. Insurance reform must eliminate exclusion for pre-existing conditions, community rating of premiums must occur and portability of health insurance must be ensured.

Little was new at the AMA Interim Meeting in New Orleans December 3–5, but there is a new de-emphasis on employer mandate, paving the way for other choices for providing health insurance.

In Kansas, Dr. Bill Roy, retired Topeka obstetrician-gynecologist and politician, is proposing through the "403 Commission" a single-payor, somewhat bureaucratic plan. It will be introduced in the 1994 Legislature, but is not likely to be enacted. There was a minority 403 Commission report opposing this single-payor approach, and Kansas Secretary of Health and Environment Robert Harder has proposed a contrasting, less bureaucratic plan that centers around a voluntary purchasing alliance for state employees and small employer groups.

Meanwhile, the KMS Future Task Force is working quickly to develop a plan for implementing a statewide physician network. In mid-December, a consultant was selected to guide the

The proposed network is one of the most exciting opportunities for physicians we've seen in a long, long time.

formation of the network, and by early February we should have a preliminary report. The proposed network is one of the most exciting opportunities for physicians we've seen in a long, long time. If we can pull together into a network that is patient-centered, cost-effective and qualitydriven, physicians can have a lot to say about how health care is delivered and financed in Kansas during the coming years.

In Kansas, about 85% of all practicing physicians are members of KMS. Nationally, 41% are members of the AMA. We have credibility, and the more unity we have, the louder our chorus will sing in Act IV of the unfolding health care

reform drama.

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon* is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug. 1.2 Also dizziness, headache, skin flushing reported when used orally. 1.3

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence. 1,3,4 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.3

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

- 1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
- 2. Goodman, Gilman The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
- 3. Weekly Urological Clinical letter, 27:2, July 4,
- 4. A. Morales et al., The Journal of Urology 128: 45-47, 1982

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Alteration of the Record

WAYNE T. STRATTON, J.D.,* Topeka

espite the advice of many attorneys and authors, apparently some physicians still yield to the temptation to alter and supplement medical records after the conclusion of treatment. While no studies, and few cases, actually deal with this is-



sue, it remains the fear of the defense lawyer.

Recently Robert L. Prosser, M.D., a Kansas City emergency medicine physician, documented several cases in *JAMA*. The primary motivation seemed to be to adequately document what was poorly described in the original record. It may seem strange that legal problems could result from clarifying an explanation of medical treatment, so a discussion of this subject is in order.

While some physicians may escape being named in a suit during their career, the great majority will be sued — often more than once. This realistic fact means that each patient must be considered a potential plaintiff, and each chart must be regarded as possible evidence in a malpractice suit. Physicians and other health care providers who prepare the medical record must do so with the realization that a legal document is being created.

Physicians enjoy two substantial advantages when sued. The first is that the medical treatment is described in detail in a contemporaneously created record. When made during the course of the medical treatment and in the regular course of business, the record becomes an exception to the hearsay rule. It is admissible into evidence as something which has probative value, even

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

A prescription for disaster.

though the scrivener (writer) is unable to recollect the events independently. In many instances, it stands alone against fabrications and emotionally tainted recollections of a dissatisfied patient.

The importance of the record in the defense of a case cannot be overemphasized. Juries understand that memories dim, but a record created at the time of treatment, when there is no motivation for falsification, is a powerful piece of evidence. Unfortunately, if the credibility of the record can be undermined, the focus of the proceeding is diverted from the medical issues into an area in which the physician may not be able to win. Once the jury determines that the record is not an unbiased, contemporaneously created recitation, but one which has been altered, its persuasive effect is lost. Moreover, if it appears that the motivation was to improve it because of the threat of litigation, the record becomes a confession of guilt. In such circumstances, what may have been a perfectly defensible case cannot be won.

The second advantage the physician has in a malpractice trial is the esteem in which he or she is held by the majority of the public. Voir dire questioning usually reveals a few prospective jurors who have had a bad experience, but the majority are quite pleased and satisfied with their medical care. Collectively, there is a reservoir of warmth and gratitude towards the profession. While undoubtedly there are times when physicians abandon hope that they will be held in such trust, the fact remains that they usually are. For this reason, knowledgeable plaintiffs' attorneys seek to undermine the credibility and veracity of the physician.

Once a jury determines that a physician has lied, been evasive or altered a record, the pendulum swings as far — or farther — the other way.

(Continued on page 14.)



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Get Ready for Legislative Day!

Dear Physicians of Kansas:

The new year is upon us, and I hope the holiday time gave you a feeling of renewal and a fresh outlook for the future.

The Alliance is looking forward to our February 22 Legislative meeting in Topeka. This



year we are "Communicating at the Capitol." I have asked Linda Ellison, KMSA Vice President and Legislative Affairs Chairman, to tell you the details of our event. Linda works with her husband, Paul Ellison, in his ophthalmology practice in Salina. She has participated in the AMAA National Convention and Confluence and feels her KMSA/AMAA activities have given her an expanded perspective on the medical family.

We heartily invite and encourage physicians from all across Kansas to come to this reception with our legislators. You can make a difference for medicine in Kansas by communicating your concerns. Please read the following specifics from

Linda. I hope to see you there!

Cathy Wilcox

Over the years, we have seen various legislative issues come and go. There has been much change, but the purpose of KMS and the Auxiliary/Alliance has remained the same: to support KMS and promote education and wellness in our communities. Medical spouses in Kansas are fortunate to have enjoyed an open relationship with KMS. This is very much appreciated by all Alliance members.

The Legislative Affairs Committee is working to inform KMSA members about legislative issues so that we will be prepared to help in any way KMS may ask us to. This year we have set up a statewide network of 14 members to contact other members and legislators during a "legislative alert."

LEGISLATIVE DAY RECEPTION AT A GLANCE

Governor's Row House Topeka

Tuesday, February 22, 1994 5:30 to 7:30 p.m.

With the drastic changes coming in medicine, the uncertainties and additional stresses the Alliance believes that spouses who are informed will be more understanding and helpful. I challenge all Kansas Medical Society spouses to become informed on the issues and participate in the solutions.

As part of this effort, on February 22 and 23 we will have a legislative day, "Communicating at the Capitol," in conjunction with the KMSA winter board meeting. As part of this event, KMS staff members will present and update on current issues and the KMS position on each one.

The reception will be held from 5:30 to 7:30 p.m. at the Governor's Row House at 8th & Buchanan in Topeka. We hope you will encourage your spouse and colleagues to attend. To register for this event, call Nancy Sullivan at the KMS office, 1-800-332-0156, or your spouse can register both of you with the Communiqué registration form. At this annual event, we make a special effort to invite new people and inform them of our views on issues under consideration. We also try to acquaint them with KMS, AMPAC and KaMPAC functions.

Anyone who needs more information about Legislative Day activities may contact me at home, 913-825-4813, or at Dr. Paul Ellison's office, 913-825-7271.

> Linda Ellison KMSA Legislative Affairs Chairman

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Take the first step. Call 1-800-ACS-2345 for information and literature that can help you make an impact.

COMING FROM YOU, IT MEANS SO MUCH MORE.







Childhood Mortality from Injuries in Kansas, 1985-1990

ANDREW R. PELLETIER, M.D., *† AND ROY C. BARON, M.D., M.P.H.†

rom 1985 through 1990, injuries accounted for 1,383 (35%) of the 3,954 deaths among children 0-19 years of age in Kansas. This resulted in an injury death rate of 31/100,000 persons/ year. After the first year of life, injuries accounted for more childhood deaths than all other causes combined. Motor vehicle crashes were the leading cause of childhood injury death, accounting for 51% of total deaths. Other leading causes were suicide (10%), homicide (9%), drowning (6%), and residential fires (6%). Firearms were used in 64% of suicides and 47% of homicides and were responsible for 14% of all childhood injury fatalities. Injury death rates were 1.9-fold higher among males than females and 1.3-fold higher among blacks than whites. Rates were also higher among infants (<1 year of age) and adolescents (ages 15-19 years) than among children ages 1-14 years. Because injuries are the leading cause of childhood death in Kansas, greater efforts must be made to control these fatalities. Strategies proven to be effective, such as requiring child restraints in motor vehicles, limiting access to firearms, preventing alcohol and drug use, and using smoke detectors in homes, could reduce childhood mortality.

Introduction

Injuries are the fourth leading cause of death in the United States and the leading cause of death for persons ages 1-44 years.¹ Approximately 150,000 people die as the result of injuries each year in this country. Moreover, injury is the leading cause of years of potential life lost before age 65.2

As mortality from infectious diseases has declined, injuries have accounted for an increasing percentage of childhood deaths. For children 1-19 years of age, injuries account for more deaths than all other causes combined.³

To determine the current role of injuries in mortality among Kansas children, all deaths among persons ≤19 years of age from 1985 through 1990 were studied. By describing both the causes of fatal injury in children and the groups at high risk, this review is an initial step in identifying targets for public health intervention.

Methods

Childhood was defined as the period from birth through 19 years of age, with subgroups including infancy (<1 year of age) and adolescence (15-19 years of age). Information on deaths in Kansas for persons 0-19 years of age from 1985 to 1990 was obtained from the computerized death certificate files maintained by the Office of Vital Statistics in the Kansas Department of Health and Environment.

Cause of death was determined by using external cause of death codes (E-codes) from the International Classification of Diseases, 9th revision (ICD9). Injury code groupings were consistent with those used by the U. S. Public Health Service⁴ (Appendix 1).

To represent the state population during the midpoint of the study period, annual rates were calculated from 1987 through 1988 age-specific estimates of the Kansas population. These estimates were interpolated from 1980 and 1990 census data.

Data were analyzed using EPI INFO 5 software. Rate ratios (RRs) and 95% confidence intervals (CIs) were used to compare rates for specific causes of death by sex and race. A rate ratio is the ratio of the mortality rate in one group (e.g., males) to the mortality rate in a comparison group (e.g., females). A rate ratio of 1.0 indicates no

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The authors thank Elizabeth Saadi, Ph.D., for providing the mortality data for this study; Terry O'Brate and Arlene Slocum for providing the census data; Beverly Miller and Susan Butterfield for providing the results of the observational study on safety belt use; and Joyce Grosko for providing the results of the 1990 Kansas Youth Risk Behavior Survey.

difference in mortality rates between groups. The confidence interval is the range of values that has a 95% probability of including the true rate ratio. A rate ratio for which the 95% confidence interval did not include 1.0 was considered statistically significant.

Results

From 1985 through 1990, there were 3,954 deaths among persons ≤ 19 years of age in Kansas; 1,383 (35%) deaths were due to injuries — for an injury death rate of 31/100,000 persons/year. Injuries were responsible for 4% of all deaths among infants, 53% of deaths among children 1-14 years of age, and 82% of deaths among adolescents.

Injury death rates were highest for adolescents and infants (Table 1). Adolescents accounted for more than half of all injury deaths in persons ≤ 19 years of age. Males had a 1.9-fold greater death rate from injuries than females (95% CI 1.7-2.2), and blacks had a 1.3-fold greater death rate from injuries than whites (95% CI 1.1-1.6). Five types of injuries (motor vehicle crashes, suicide, homicide, drowning and residential fires) accounted for 82% of injury mortality.

Motor vehicle crashes were the leading cause of injury mortality, accounting for 51% of all injury deaths. Of the 700 victims of these crashes, 72% were motor vehicle occupants, 10% were pedestrians, 7% were motorcyclists, 2% were bicyclists and

9% were unspecified. By age, motor vehicle crash death rates were similar from infancy through age 14 (range 7.5-8.1/100,000 persons/year) (Figure 1). However, the death rate for adolescents (40.3/100,000 persons/year) was approximately fivefold greater than for the younger age groups; 63% of childhood motor vehicle fatalities occurred among children 15-19 years of age. Males (RR = 1.7; 95% CI 1.4-1.9) and whites (RR = 2.2; 95% CI 1.5-3.3) were more likely to be killed in crashes than females and blacks. Motor vehicle fatalities were 1.7 times more common in the summer (June through August) than in the winter (December through February).

Suicide, the second leading cause, accounted for 10% of injury mortality. Sixty-four percent of suicides were committed with firearms (Figure 2). Of the 145 suicides, 88% were committed by adolescents and the remainder by children 10-14 years of age. Males were 4.5 times more likely to commit suicide than females (95% CI 3.0-7.0). Suicide rates did not vary by race or by season of the year.

Homicide, the third leading cause, accounted for 9% of injury mortality. Forty-seven percent of homicides were committed with firearms (Figure 3). From infancy through ages 10-14 years, homicide rates declined with increasing age; the rate rose again sharply, however, among adolescents (Figure 1). Blacks were 7.2 times more likely to be murdered than whites (95% CI 5.0-10.4).

APPENDIX 1
INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION,
CODES FOR CAUSE OF DEATH FROM INJURY

Cause of death	ICD9 code
Injury	E800-999
Unintentional injury Motor vehicle crash Drowning Residential fire Suffocation Firearms Choking Falls	E800-949 E810-825 E830, 832, 910 E890-899 E913 E922 E911, 912 E880-888
Intentional injury Suicide Firearms Homicide Firearms Legal intervention Firearms	E950-978, 990-999 E950-959 E955.0-955.4 E960-969 E965.0-965.4 E970-978
Injury of undetermined intent Firearms	E980-989 E985.0-985.4

There was no significant difference in rates by sex or season of the year.

Drowning was responsible for 6% of injury deaths; rates were highest for infants and children 1-4 years of age (Figure 1). Males were 3.8 times more likely to die from drowning than females (RR = 3.8; 95% CI 2.1-6.2). The male-to-female rate ratio increased from 1.9 (95% CI 1.0-3.5) for children 0-9 years of age to 33.2 (95% CI 4.3-228.4) for 10- to 19-year-olds. Of the 34 children ≥10 years of age who drowned, only one was female. There was no significant difference in rates between the races. Seventy-nine percent of drownings occurred during late spring (May) and summer (June-August).

Residential fires accounted for 6% of injury deaths; most deaths were attributed to smoke in-

halation (70%) or burns (24%). Rates were highest for children ≤ 9 years of age (Figure 1). There was no difference in rates between males and females, but blacks were 5.3 times as likely as whites to die in residential fires (95% CI 3.3-8.5). Fiftyfour percent of fire deaths occurred during the winter months, December through February.

Comments

This paper provides a general overview of the problem of fatal injury among persons 0-19 years of age in Kansas. Although injury is the leading cause of death in childhood, it is also a preventable public health problem. By identifying the major causes of fatal injury and groups at increased risk, intervention programs can be developed to reduce injury deaths among children.

TABLE 1 INJURY MORTALITY FOR AGES 0-19 YEARS BY AGE GROUP, GENDER, RACE AND CAUSE: KANSAS, 1985-1990

	Number of injury deaths	Percentage of all injury deaths	Annual rate per 100,000
Age			
	88	6	42.2
1-4	228	16	25.0
5-9	163	12	14.4
10-14	161	12	15.0
15-19	743	54	67.5
Gender			
Male	927	67	40.8
Female	456	33	21.2
Race			
White	1226	89	31.6
Black	133	10	41.5
Other	24	2	10.5
Injury			
Unintentional			
Motor vehicle crash	700	51	15.8
Drowning	82	6	1.9
Residential fire	80	6	1.8
Other	223	16	5.0
Suffocation	(50)		
Firearms	(37)		
Choking	(25)		
Falls	(16)		
Intentional			
Suicide	145	10	3.3
Firearms	(93)		
Homicide	126	9	2.8
Firearms	(59)		
Legal intervention	1	<1	< 0.1
Firearms	(1)		
Intent unknown			
Other	26	2	0.6
Firearms	(6)		
Total	1383	100	31.2

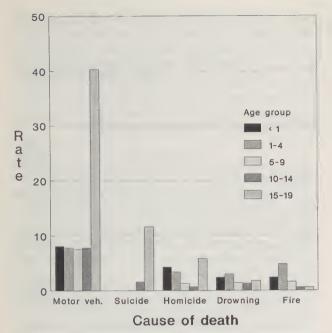


Figure 1. Injury death rates for ages 0-19 years by age group and cause: Kansas, 1985-90. Rate is deaths/100,000/year.

Males are at greater risk than females for most categories of fatal injury, largely because of greater risk-taking behavior.⁵ Blacks are at greater risk of fatal injuries than whites in Kansas, a finding that is consistent with national data.⁶ Although the role of race, per se, is not clear, socioeconomic status may be an important factor in this difference, since black race and relatively low

socioeconomic status are associated, and poverty is an important determinant of risk of injury.^{6,7}

The high rate of fatal injury among adolescents reflects the increasing role of motor vehicle crashes, suicide and homicide as children enter this age group. Interventions that target adolescent injury mortality will need to address behavior patterns (i.e., impaired driving and personal violence) in this age group.³

Seasonal patterns of injury mortality generally reflect seasonal patterns of exposure to risks; for example, more drownings occur in late spring and summer, when more children are swimming, than during other times of the year. Similarly, more motor vehicle crash fatalities occur in summer, when the number of vehicle miles traveled peaks. The increased number of deaths in house fires during winter may reflect increased exposure to indoor areas and the attendant risks (e.g., faulty heating systems). These seasonal patterns of injury mortality can be used to target prevention campaigns during high-risk periods of the year.

One limitation of death certificate information is the lack of detail concerning the circumstances of a fatal event, such as the cause of a house fire, or whether a child was properly restrained in a motor vehicle, or adequately supervised while swimming. Such information is often necessary to propose specific control measures. However, despite the limited information provided by vital records, the available data suggest the promotion of several proven methods of injury control.



Figure 2. Method of suicide for ages 0-19 years: Kansas, 1985-90.

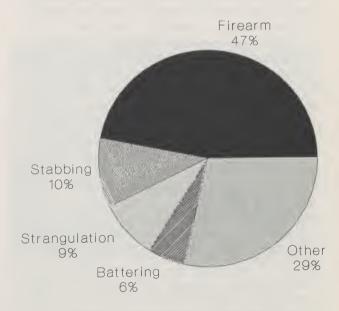


Figure 3. Method of homicide for ages 0-19 years: Kansas, 1985-90.

Child restraints — in the form of car seats and safety belts — have been shown to protect children involved in motor vehicle crashes. ^{3,8,9,10} Although the current law in Kansas requires children <14 years of age to be restrained in passenger cars, results of a 1991 observational survey in the state indicate that only 52% of children 0-14 years of age were properly restrained (Kansas Safety Belt Education Office, unpublished data). Improved enforcement of existing laws and extension of those laws to include all ages of children should be required. ^{3,8,9,10}

Reducing motor vehicle fatalities among adolescents may require additional efforts. Alcohol is a contributing factor in approximately half of such deaths.³ In a 1990 survey of Kansas students in grades 9-12, 45% of students reported that during the previous month they had been in a motor vehicle driven by someone who had been drinking or using drugs (1990 Kansas Youth Risk Behavior Survey, unpublished data). Interventions targeting alcohol and drug use in this age group will need to be made in order to decrease motor vehicle fatalities.^{3,8,9,10}

Firearms accounted for one in seven childhood injury deaths in Kansas. Many of these deaths resulted from children having access to guns. ^{11,12} In a 1985 study conducted in Texas, 38% of families with children had a gun in their home, and 10% of these families reported that they kept a loaded firearm in an unlocked area accessible to a child. ¹¹ Interventions to prevent firearm-associated deaths should focus on reducing access to firearms by restricting handgun sales and promoting the appropriate storage of weapons. ^{3,10,11,13}

Drowning prevention for children includes the use of fencing and self-latching gates around swimming pools so that children do not have access to these areas when unsupervised.^{3,10,14-16} Reducing drowning among adolescents, especially males, requires education in water safety and the dangers of swimming while intoxicated.^{3,14,16}

The use of smoke detectors is an effective method for preventing deaths from house fires; the risk of dying in a fire in a home with a smoke detector is half that in a home without a detector. ^{10,17,18} Data from Kansas in 1988 indicated that only 46% of homes had smoke detectors. ¹⁹

Unfortunately, injuries are still often viewed as unavoidable "accidents." Because injuries are the leading cause of childhood death in Kansas, greater efforts must be made to control these fatalities. Our findings show that five types of injury account for more than four-fifths of childhood

injury deaths; within each type of injury there are well-defined risk groups that can be targeted for public health interventions. Preventive strategies that have proven to be effective, such as requiring child restraints in motor vehicles, limiting access to firearms, preventing alcohol and drug use, and using smoke detectors in homes, can be promoted to reduce childhood mortality.

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MEDICINA ET LEX

(Continued from page 6.)

A person who has little credibility loses little if shown to be a liar, while one who is held in esteem sinks the deepest. Dr. Prosser was correct in saying:

"Physicians who change medical records (in the sense of providing additional or more accurate information) are usually honest, well-intentioned, scared physicians who have inadequately documented good medical care. Altering or adding to a record that may be reviewed in the course of litigation may give the appearance of intentional deceit. The ethical and legal consequences of giving this impression are unpredictable and the physician is wise to avoid those uncharted waters."

Renal Cell Carcinoma Followed by a Cerebellar Mass

JOHN J. KEPES, M.D.,* AND WILLIAM L. YARDE, M.D.,† Kansas City

43-year-old woman was referred to the Neurosurgery Service with a two-month history of nausea and vomiting. She denied any visual dysfunction. Past history included the diagnosis of multiple renal cysts in 1979, at age 29. At age 42, she underwent partial left nephrectomy for renal cell carcinoma. (Radiological and histopathological findings of that episode are shown in Figures 1 and 2.) Her family history is significant in that her father and a paternal uncle were diagnosed with the von Hippel-Lindau syndrome.

Physical and neurological examination on admission revealed only slight left dysmetria. Magnetic resonance imaging showed a 2.2 x 2.0 cm right cerebellar hemispheric mass (Figure 3). There was an associated predominantly right-sided tonsillar herniation, narrowing of the fourth ventricle and obstructive hydrocephalus. The patient underwent a suboccipital craniectomy and resection of a well circumscribed, vascular-appearing solid tumor of soft consistency.

Pathological Findings

The nephrectomy specimen from 1992 showed a large (1.2 x 1.6 cm) mass occupying the lower pole of the left kidney. In addition, multiple cysts with smooth linings, ranging in diameter from a few millimeters to 2 to 3 centimeters were present in the same kidney. The tumor itself had several cystic spaces. Microscopically, the solid portions of the tumor showed the typical picture of a renal cell carcinoma, with large very pale, almost empty-looking ("plant-like") epithelial cells forming solid clusters or imitations of tubular structures (Figure 2). The presence of large amounts of glycogen was identified by PAS stain in the pale cells. In contrast, the cerebellar tumor did not have an epithelial component. It consisted of large numbers of thin-walled capillaries with clusters of in-



Figure 1. CT scan with enhancement at the level of the lower pole of the left kidney. A partly solid, partly cystic mass occupies the central portion of the kidney at this level.

terposed stromal cells (Figure 4). Some of the capillaries were "hidden" in this mixture of tissue elements, but immunoperoxidase stain for capillary endothelium brought their presence into

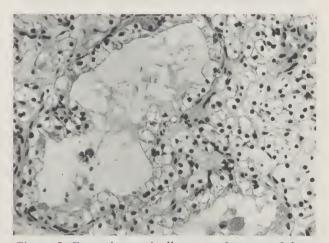


Figure 2. From the surgically removed tumor of the left kidney: the neoplasm is composed of neoplastic epithelial cells with pale, "empty-looking" cytoplasm resembling plant cells. They form solid clusters, as well as imitations of tubules. (Hematoxylin-eosin X 220)

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Dept. of Pathology and Laboratory Medicine, KUMC. †Dept. of Surgery, Section of Neurosurgery, and Dept. of Pathology and Laboratory Medicine, KUMC.



Figure 3. MRI scan of cerebellum shows well circumscribed, round, strongly enhanced mass in right cerebellar hemisphere close to midline. (T-1 weighted gadolinium-enhanced MRI scan)

sharper focus (Figure 5). The findings were those of a classical capillary hemangioblastoma, or Lindau's tumor, with no histological evidence of malignancy or of metastatic tumor cells from the renal cell carcinoma.

Discussion

This patient is suffering from the protean manifestations of the von Hippel-Lindau syndrome. This autosomal dominantly inherited disorder is characterized by a variety of benign and malignant neoplasms widely dispersed throughout the body.1 The most common and characteristic neoplasms are retinal hemangioblastoma (or "angiomatosis"), first described by the German ophthalmologist von Hippel²; and cerebellar hemangioblastoma, as defined by the Swedish neurosurgeon Lindau.³ The latter was also first to establish the coexistence of the above tumors with cysts and tumors in other parts of the body, such as the kidneys and lungs. Adrenal masses in this syndrome are usually manifested by pheochromocytomas. Some of these lesions may be clinically manifest during the patient's lifetime, while others may be occult, detected only at au-

Of the above, central nervous system hemangi-

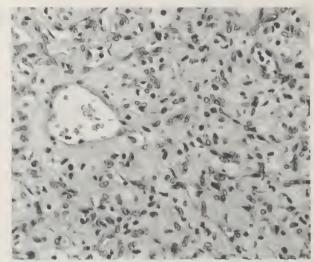


Figure 4. The cerebellar mass has capillaries in varying stages of dilatation (some are collapsed), and clusters of foamy "stromal cells" between the capillaries. (Hematoxylin-eosin X 280)

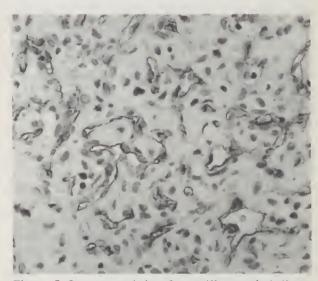


Figure 5. Immunostaining for capillary endothelium highlights the capillary channels within the neoplasm. (QBEnd 10 immunoperoxidase stain X 280)

oblastomas (which may present not only in the cerebellum, but also in the medulla oblongata, spinal cord and hemispheric meninges, sometimes as multifocal lesions) pose the greatest danger to life. Another major cause of death is renal cell carcinoma, found in up to 50% of patients, often bilaterally, and it typically presents at an earlier age than sporadic non-familial cases of the same tumor. In a study of 116 patients with the von Hippel-Lindau syndrome, Huson et al.⁵

found 22 cases with renal cell carcinoma with ages ranging from 31 to 69 years and a mean age of 43. (Our patient was 42 years old at the time of

her nephrectomy!)

It has been suggested that prospective routine checkups using scanning of the kidney should be done on patients with this syndrome.^{5,6} It is of interest to note that even sporadic cases of renal cell carcinoma exhibit a chromosomal change identical to that found in patients with the von Hippel-Lindau syndrome in the region of chromosome 3.^{1,7}

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CME OPPORTUNITIES

Neuromuscular Disorders, Feb. 4, Kansas City, MO; 6 hrs. cat. 1. Ed Bixby Institute, 800-821-5140, ext. 4306.

Pain Medicine Refresher Course/Conference, Feb. 18-20, Orlando, FL. American Academy of Pain Medicine, contact Cathy Crabbe, 708-966-9510.

Emergency Medicine, Feb. 20-25, Lake Tahoe, NV; 25 hrs AMA cat. 1, ACEP, AAFP. UC-Davis Medical Center, 916-734-5390.

Frontiers in Ovulation Induction, March 4, Denver, CO. Washington University Sch. of Med., 800-325-9862.

Critical Care Medicine, March 5-10, Oklahoma City, OK. Dora Lee Smith, OU Health Sci. Center, 405-271-5904.

What's New in Diabetes? March 11, Kansas City, MO; 5 hrs. cat. 1. Ed Bixby Institute, 1-800-821-5140, ext. 4306.

Western Scientific Assembly, March 17-20, Anaheim, CA; 157 hrs. AMA cat. 1, 156 hrs. AAFP, 130 hrs. ACEP cat. 1. Cal. Med. Assoc., 415-882-3384.

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HIV Prevalence Among Childbearing Women in Kansas

Since May 1990, the Kansas Department of Health and Environment has been conducting an HIV (human immunodeficiency virus) seroprevalence study of childbearing women in Kansas. By law, blood specimens from all newborns are submitted to the state public health laboratory, where they are tested for such conditions as phenylketonuria, galactosemia and congenital hypothyroidism. After this testing is done, identifiers are removed and specimens are tested for HIV. Because the test reflects passive antibody acquired in utero, results from the testing of newborns are used to measure HIV infection among childbearing women in Kansas. Currently, it is estimated that only 18 to 30% of newborns with positive tests will actually be infected with HIV. The remaining infants will clear maternal antibody in 12 to 15 months and remain disease free.

During the first 2.7 years of the study, there were 26 confirmed positive tests for HIV among newborns in Kansas. The number of newborns with positive test results has remained relatively constant during the past two years (9 during the last 8 months of 1990, 8 in 1991, and 9 in 1992). The average age of infected mothers was 23 years (range: 17 to 31). Thirteen (50%) of the mothers were white, ten (38%) were black, one (4%) was Hispanic, and two (8%) were of unknown race (Table). The rate of HIV infection in childbearing women was approximately 8 times greater in African-Americans than in other racial or ethnic groups. The HIV-infected women were residents

of 12 different counties in Kansas. As the map at right shows, hospital district 6 in southwest Kansas had the highest rate of infection (6.3 per 10,000 live births). Hospital districts 1 and 4, which include the four largest metropolitan areas in the state (Wichita, Kansas City, Topeka and Lawrence), had relatively low rates of infection. This suggests that behaviors which place individuals at high risk for HIV infection are not confined to any one geographic area of the state.

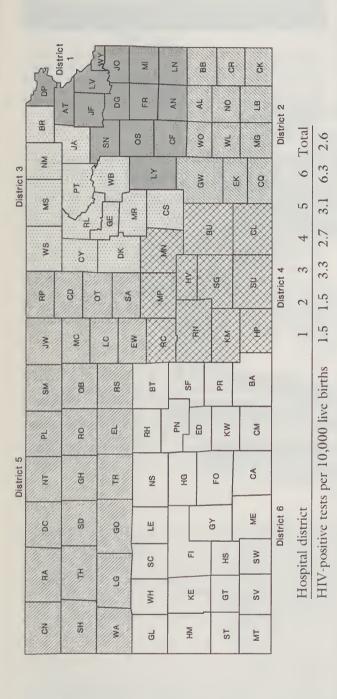
The Kansas rate of 2.4 per 10,000 live births in 1992 is below the rate for the United States (17.0 per 10,000) and the rates for the neighboring states of Missouri (4.6 per 10,000), Oklahoma (4.5 per 10,000) and Colorado (4.3 per 10,000). New York had the highest rate in 1992, with 59.0 per 10,000 live births. Wyoming had the lowest rate, with 0.0 per 10,000.

Along with two other seroprevalence surveys (Job Corps applicants and military recruits), these data are useful for monitoring trends in HIV infection in Kansas and for identifying groups at high risk. The data may also be used to make decisions about the allocation of resources for health education, risk reduction, and counseling and testing.

Reported by: AIDS Section, Bureau of Disease Control, Kansas Department of Health and Environment.

RATE OF HIV SEROPOSITIVITY IN CHILDBEARING WOMEN BY RACE AND ETHNICITY IN KANSAS, MAY 1990-DECEMBER 1992

Race/Ethnicity	Number Tested	Number HIV+	Rate per 10,000	One in Every
White	90,421	13	1.4	6,955
African-American	9,207	10	10.9	921
Hispanic	7,566	1	1.3	7,566
Asian	2,077	0	0.0	
American Indian	418	0	0.0	
Other/Unknown	2,002	2	10.0	1,001



3 childbearing women Kansas, May 1990hospital district in seropositivity in Rate of HIV



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ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of Kansas Medicine for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for Kansas medicine by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

ur cover painting, by Jim Hamil, depicts the Kansas state animal in a winter setting. Although almost anyone except a zoologist would identify them as buffalo, or buffaloes, or buffalos — all orthographically correct — they are not, strictly speaking, any of the above. "Buffalo" applies to the family of wild oxen that includes the cape buffalo of South Africa, the water buffalo of India. the carabao of the Philippines and the anoa of the Celebes. Our buffalo is more properly termed a bison. He (or she) differs from the true buffalo in his large head and neck, humped shoulders and an extra pair of ribs, of which buffaloes have 13 pairs. This heavy-duty equipment results in a weight of 1,600 to 3,000 pounds for males and an average of 900 pounds for females.

In our early history, the buffalo, er, bison ruled the center of the country from the Appalachian mountains to the Rockies. In 1850 their number was estimated at 2 million. Observers reported that the ground shook as these giants thundered across the plains. Native Americans depended upon them for food, clothing, bone implements and a number of other uses. But with the coming of the white man and the resulting overhunting of the buffalo, their number had dwindled to 551

Only through game laws and other protective measures has the number risen to about 10,000 in recent years. Most of these exist on government or private refuges. There are about 800 in Yellowstone National Park and about the same number in Custer State Park. (Incidentally, the buffalo hunt scenes in the movie *Dancing with Wolves* were filmed at Custer State Park, South Dakota.) Closer to home, about 200 buffalo roam on the 2,200-acre Maxwell Wildlife Refuge

near McPherson.

by 1889.

The buffalo/bison is also being raised commercially in Kansas for its meat. A short-lived attempt to cross-breed the buffalo with cattle, producing a "beefalo," has not met with overwhelming success. But ordinary buffalo meat is less fat and more nutritious than beef, according to its proponents, who also claim that most people cannot tell the difference between beef and buffalo. (We presume they mean after cooking, since uncooked buffalo meat is noticeably darker in color than beef.) But don't let them or us buffalo you. Buy some and see for yourself!

The "Hypocritic Oath"

uch discussion and many differences of opinion exist about the ethical problems occurring as medical science and technology advance, raising questions concerning the best way to handle difficult and perplexing problems, especially



about life-and-death situations. Often physicians are asked, "Don't you doctors take some sort of oath not to do abortions or kill people?"

The Hippocratic Oath, attributed to Hippocrates (460–370 B.C.), established high principles of conduct which have characterized the art of medicine since that time. In part they state:

"I will follow that system or regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous; I will give no deadly medicine to anyone if asked, nor suggest any such counsel; I will not give to a woman a pessary to produce abortion; Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further, from the seduction of females or males, of freemen and slaves."

The oath ends with a somewhat prophetic promise: "While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this oath, may the reverse be my lot!"

One talks about professional ethics and usually the beginning of ethics, regarding power, lies in "nay-saying." The wise setting of limits on the use of power is based on discerning the excess to which unrestrained power is prone. The medical profession has set strict limits, indeed, inviolable taboos, against those "occupational hazards" to which any profession is prone. Within these limits, there are no set rules; instead, prudence and wise judgment in the face of differing circumstances would apply. But the outer limits are fixed, firm and non-negotiable.

Our patients look to us as their advocates because they know little about medicine and its details. They reveal their most intimate secrets, knowing that we will not repeat them. They ex-

pose their naked bodies to our objective gaze and investigating hands. They entrust their very lives to our techniques, skills and judgments. Mindful of this non-mutual exposure, we must voluntarily set limits on our own conduct, pledging not to take advantage of or to violate the patient's intimacies, nakedness — or life itself.

It would seem that the physicians of the Hippocratic age held life in high esteem. Of course, to them it was mystical and mysterious. In most cases, they were powerless in the face of the diseases of their day and could offer only solace and comfort. They were big on art and short on science.

Today the reverse is true, but aren't both important? Most surveys show that patients still want their doctor to be attentive to their needs. But often they find they have come to see an impersonal physician and are demanding more involvement in the decision-making process. This involvement is as it should be. Most physicians do not consider themselves God and feel that the patient should make the final decision based on available information.

The division of the medical profession about such important topics as abortion, euthanasia, physician-assisted suicide, withdrawal of life-support systems, etc., has been a disservice to the public. One may choose to be a physician, but cannot choose what "physicianship" means. There must be an ethical code by which we live and practice, or we have forfeited our rights as physicians. Our patients must be able to trust us not to do them any harm. We should never allow ourselves to be placed in the position of having to choose between the patient's health and the corporation's welfare — or even society's welfare. We must always choose the patient's welfare because we are the patient's advocate and thus are honor-bound to use any and all resources to improve the patient's health.

Having said that, we must also realize that the central goal of medicine — health — is a perishable goal. Patients degenerate, become irreversibly sick, die. Healing the sick is, in principle, a project that must at some point fail. We physicians must aid our patients at the end of life as we did at the earlier stages: with respect and dignity. The physician should not be the cause of death, but

should seek to bring to the patient comfort and care, the art of medicine when the science has been exhausted or is no longer beneficial.

You may say, "I never took the Hippocratic Oath." I never did, either. On my first day in medical school, a copy of the oath was given to all the students with the admonition that it represented ethical guidelines that we should adhere to and reread yearly. It is an ancient and "pagan" oath that surely cannot apply to our time of rapidly expanding technology, knowledge and sophistication. Certainly we have gone beyond that level of superstition and ignorance. That may be right, but if so, why are we today engaged in a divisive, ugly, violent debate about the very things the oath speaks to and sets principles for?

Certainly the education of each generation is different from that received by those preceding it. It is common to hear those of older generations complain about the laxity of the younger generation in many areas. One thing that is different is the prohibition on values being taught in the public schools. It is not my place — nor intention — to preach about conforming to the Hippocratic Oath. But if we do not, aren't we conforming to the "Hypocritic Oath" by pretending to be something we are not? W.E.M.

CME OPPORTUNITIES

Western Scientific Assembly, March 17-20, Anaheim, CA; 157 hrs. AMA cat. 1, 156 hrs. AAFP, 130 hrs. ACEP cat. 1. Cal. Med. Assoc., 415-882-3384.

Asthma, March 18, St. Louis. Washington University Sch. of Med., 800-325-9862.

Laparoscopy Ultrasound, March 18-19, St. Louis. Washington University Sch. of Med., 800-325-9862.

Spring Clinical Nephrology Meetings, April 7-10, Chicago. Nat'l. Kidney Foundation, 800-622-9010.

American Occupational Health Conference, April 16-22, Chicago. Am. Coll. of Occup. and Env. Med., 708-228-6850.

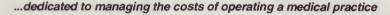
Infectious Diseases, April 23, St. Louis. Washington University Sch. of Med., 800-325-9862.

Nat'l. Conf. on Breast Cancer, May 8-13, Palm Springs. Am. Coll. of Radiology.

Rush Symposium on Transplantation: Leflunomide, May 21, Chicago. Rush-Presby.-St. Luke's, 312-942-6242.

Nat'l. Conference on Rural Health, May 25-28, San Francisco. Nat'l. Rural Health Assn. Call for info. on CME credits, 816-756-3140.

Invasive Surgery: Is lt Obsolete?, June 8-12, Cleveland. AMA, 91 cat. 1 credits. Int'l. College of Surgeons, 312-787-6274.



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A Created Crisis

he President and Mrs. Clinton continue to try to convince all of us (even many prominent politicians) that a crisis in health care is consuming our country's resources and sapping its energy, just as Jimmy Carter's energy "crisis" threatened to drain all



the hydrocarbons from the earth's crust. Again, predictably, the administration's solution is to propose a massive dose of bureaucracy and to institute price controls to "solve" the problem.

Remember the long lines of cars purchasing price-controlled gasoline back in the '70s? Will we soon have lines of patients at our office and hospital doors waiting for price-controlled medical care?

Reflecting the federal emphasis on bureaucracy, the Kansas Legislature is apparently beginning the process of eliminating all insurance companies throughout the state. HB 2699 would establish the Kansas Health Commission, a five-member board appointed by the Governor. This board would determine all aspects of health care delivery — including practice guidelines — and would introduce a single-payor statewide plan, as proposed by the "403" Commission. A somewhat more moderate plan, which would create a "Kansas Health Alliance," has been proposed by Secretary of Health and Environment Robert Harder in SB 521.

Just as the proposed overly bureaucratic proposals in Topeka most likely will be modified (or rejected), those in Washington also seem to be headed in a more moderate direction. The President has announced that compromise is possible on every aspect save one: insurance for all.

Senator Bob Dole recently hosted a roundtable of Kansans to discuss the health care problem. The KMS was represented, as were the Kansas associations of nurses, chiropractors and osteopaths, and many legislative and business leaders. There was an excellent presentation by legislative leaders on the state's problems and proposed solutions. Sheila Burke, R.N., Senator Dole's chief of staff, presented a cogent, intelligent and realistic comparison of the various (and complicated) federal proposals. While all who attended the

roundtable recognize problems with our current delivery system (not with medical care), none felt that a crisis atmosphere exists.

Meanwhile, the KMS continues to move forward with plans for its statewide physician network. The consultants have been meeting with physicians from across the state, and we hope to have a proposal ready for the March Council meeting and then the House of Delegates in April.

The most troubling aspect of the current debate is the divisiveness which occasionally rears its ugly head among groups that should be working in accord. For example, the difference of opinion of the AMA (which is considering the employer mandate as one of several options) and the AAFP (which insists on the employer mandate) does none of us any good. The appearance of the AAFP, along with several other medical organizations, lining up to divide medicine in an obviously political move by its president embarrasses me, as a family physician, and I think exemplifies the political manipulation to which we can all occasionally fall victim.

Fortunately, consensus does exist on many areas of health care reform. We all agree that the President's examples of lost medical insurance following job loss, small business' inability to obtain bargaining power for lower medical insurance rates, and pre-existing condition exclusions are areas needing insurance reform. Senator Phil Gramm has just introduced the "Consensus Interim Health Act," which covers these reforms and could possibly be enacted within a month.

It is time for us to come together and use the "crisis" created by the President to improve the system in which we all work daily. As we are called a special interest group, and our special interest is quality care for our patients, let us continue to keep this interest at the forefront of our daily activities.

Together we can. We must.

A Sum

Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise articles are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the galley proof prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material must be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

Drugs should be referred to by generic names; trade names may follow in parentheses if useful. All **units of measure** must

be given in the metric system.

KANSAS MEDICINE will print a maximum of ten references. All references should be keyed with superscripts in the text in the order cited. If more than ten sources are cited, readers will be referred to the author for the complete list.

Illustrative material must be identified by its referral number in the text and be accompanied by a short legend. Photos should be black-and-white glossy prints. Tables should be self-explanatory and should supplement, not duplicate, the text.

KANSAS MEDICINE will assume the cost of black-and-white figures and tables for two units. A unit is defined as ¼ page. The author(s) will be billed for additional units at

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Recent Developments in the Law of Punitive Damages

WAYNE T. STRATTON, J.D., * Topeka

ew aspects of the law are as frightening as the potential liability of a company or an individual for punitive damages. This type of claim has existed for many years and was first recognized in Kansas in 1864. The twofold purpose of punitive



damages has been described as punishment of the wrongdoer for particularly egregious conduct, and a deterrent from future misconduct.

Until 1987 there were virtually no limitations or guidelines in Kansas for the imposition of punitive damages. Because of the apparently arbitrary way in which awards have fallen, the United States Supreme Court has been asked on several occasions to find them unconstitutional. In these cases, the court has reviewed verdicts of enormous punitive damage awards, far out of proportion to the amount of compensatory damages. The latest of these involved an award of \$19,000 in compensatory damages and \$10,000,000 in punitive damages. To date, this court has refused to modify the law.

In 1987 and 1988, the Kansas Legislature acted to structure and limit the way in which punitive damages could be awarded. The Kansas Medical Society and other organizations urged a modification, principally because of the arbitrary nature of these claims and the fact that insurance policies typically exclude such damages, as does the Health Care Stabilization Fund. No matter how prudently the physician acts to insure against possible liability, he or she could face financial ruin should a jury make a punitive damage award.

The current legislation attempts to correct some deficiencies in the law.

The current legislation attempts to correct some deficiencies in the law:

• Punitive damages cannot be claimed at the time of filing a lawsuit, but may be added only if the plaintiff can show by affidavits that there is a probability the plaintiff can prevail at trial.

• While the jury makes the determination of whether punitive damages should be awarded, the court determines the amount.

- At this court hearing, the parties may introduce evidence about the culpability of the defendant, duration of the misconduct, attitude and conduct of the defendant upon discovery of the misconduct, financial condition of the defendant, and similar matters.
- To find punitive damages, the jury must find by clear and convincing evidence that the defendant acted toward the plaintiff with willful conduct, wanton conduct, fraud or malice. In the ordinary medical malpractice context, the claim is based upon wanton conduct, which is defined as "an act performed with a realization of the imminence of danger and a reckless disregard or complete indifference to the probable consequences of the act."
- Damages are limited, based upon several formulas.
- An employer is responsible for punitive damages only when the questioned conduct was authorized or ratified by a person expressly authorized to do so on behalf of the principal or employer.

On December 30, 1993, the Kansas Supreme Court announced a significant decision which will have a pronounced effect upon this area of the law. In a lengthy opinion, the court took the

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medicine, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

opportunity to define and interpret a number of issues. The court easily dealt with a claim that the statute was unconstitutional, saying that the Legislature could modify punitive damages in any way it saw fit, or even totally ban them.

The court reaffirmed the longstanding rule that punitive damages could not be awarded on a wrongful death case. The rationale for this is that this type of claim is a creature of statute, and punitive damages are not one of the claims the Legislature has mandated.

A very important issue, and one in which there was sharp disagreement on the court, is the circumstances under which an employer may be responsible for punitive damages for the acts of an employee. In a liberal definition of the statutory language, the court held that authorization may be either express or implied and generally is accomplished before or during the employee's questioned conduct. The court indicated it may be based on an express grant of authority or on

a course of conduct indicating that the employee was empowered or given the right or authority to engage in the questioned conduct. The court further held that ratification may be either express or implied and may be accomplished before, during or after the employee's questioned conduct.

Justice Six, joined by Chief Justice Holmes and Justice McFarland, dissented from the foregoing portion of the opinion. It was their belief that the plaintiff must show the conduct may be the basis for punitive damages if the defendant knew or should have known of the improper actions of the employee.

While the Supreme Court opinion appropriately upheld the legislative action in many respects, physicians need to be aware that there may be an increased likelihood of punitive damages in situations in which the physician's employee has a prior record of questionable conduct. The next few years will determine whether there is an increase in such cases.



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The Future of Quality Medicine Is Our Responsibility

ear Physicians of Kansas, Think, for a few minutes, back to your medical school days. Those were times of hope, enthusiasm, youth and idealism. Sometimes they were also times of frustration, exhaustion, poverty and cynicism. As I recall those train-



ing years, when my husband was first a medical student and then a resident, I really think they were wonderful times! We felt fortunate that quality medical education was available, and we appreciated every support system we had.

I believe now, more than ever before, that the future of quality medicine is partially the responsibility of the present medical community. We must help all we can to assure that our medical schools in Kansas are solid.

Carolyn Harrison is a KMSA Vice President and Chairman of AMA-ERF. Carolyn is married to Dr. Paul Harrison, who practices general surgery in Wichita. She has written to tell you more about how you can help our medical schools. Thank you, in advance, for your support!

Cathy Wilcox

There are approximately 66,000 students in medical schools today. Even with good financial planning, these students often face unanticipated expenses. In 1993, when medical students graduated, their average debt was \$40,607, and 8% of the graduates owed over \$70,000. These statistics are grim, but real, and the need for financial help continues to increase.

The American Medical Association Education and Research Foundation helps in many ways to assist students and medical schools with the higher cost of medical education. You can assist in meeting these needs by making contributions to AMA-ERF. When you give, you designate which medical school is to receive the funds. Your *entire* contribution goes to the medical school you designate. This could be your alma mater, a school you admire for its excellence in a certain specialty, or a medical school in your community. You may designate the funds to go to the *Medical*

School Excellence Fund, which provides grants that are used at the school's discretion; or the Medical Student Assistance Fund, which must be used in direct financial aid to students.

The Assistance Fund has provided for circumstances in which there are no other funds available. These situations may be:

- Travel and lodging expenses for elected officers from medical school classes to be involved in national and regional medical meetings.
- Opportunities for students to share their experiences as mentors to high school and college young people who are considering a medical career.
- Support for student activities through funding of social gatherings to share relaxing times with peers.
- Úp-to-date equipment and reference materials

• Funding for student research projects.

The AMA Alliance has chosen the theme "One Choice — One Hour" for the American Medical Association Education and Research Foundation fundraising efforts for this year. "One Choice -One Hour" means that by contributing \$21.03 to AMA-ERF, each member of the Alliance buys one hour of medical education for one medical student. The KMS Alliance collected \$13,627.36 for AMA-ERF from June 1 to December 31, 1993. That's a total of 648 hours of medical education. Contributions collected the entire year by the KMS Alliance will be given to the deans of the University of Kansas Schools of Medicine at the annual KMS and KMS Alliance meeting in Manhattan on April 29, 1994. Please plan to attend the fun Friday evening activities, which include dinner, entertainment and the AMA-ERF auction.

As physicians' spouses, we understand the importance of medical education and the high costs involved. Student loans and unrestricted gifts are priceless contributions to the welfare of any medical school today. Donations to AMA-ERF are more than just a charitable contribution; they are a legacy from one generation of medical professionals to another. Thank you for your support of AMA-ERF.

Carolyn Harrison



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Delegate's Report: AMA Interim Meeting

he AMA House of Delegates met in New Orleans, December 5-8, 1993. The House considered 193 resolutions and 101 board and council reports on a wide variety of national issues — all of critical importance to the future practice of medicine and the future health and well-being of the American people. The 435 delegates in attendance comprised 343 who represented state medical associations; 82 from national medical societies; and 10 who represented medical students, resident physicians, hospital medical staffs, medical schools, young physicians, Army, Navy, United States Public Health Service, and the Veterans Administration.

The issues were so pressing that the delegates' time was consumed with deliberations from early morning caucuses until evening. One reference committee, devoted almost exclusively to health system reform, conducted nine hours of open hearings, receiving testimony from hundreds of physicians.

The House adopted a large body of policy decisions to guide the AMA as its leadership addresses President Clinton's and others' proposals for health system reform.

To provide a policy base for organized medicine's legislative goals, the House adopted the following positions:

1. The AMA reaffirmed its support for universal coverage and access to health care services.

- 2. The AMA actively supported the principles of the individual's right to select his or her health plan and ways in which the concept of individually required and individually owned health insurance can be appropriately integrated, in a complementary position, into the Association's position on achieving universal coverage and access to health care services.
- 3. The AMA accepted individual health insurance as an alternative to employer-financed health care and determined that such individual insurance should be given the same tax treatment as employer-sponsored insurance.

4. The AMA declared its sensitivity to the needs of small business, the self-employed and rural citizens as it develops more specific proposals in AMA's Health Access America Plan.

5. The AMA, which endorses and promotes the health IRA as one of the best means for assuring

patients' freedom of choice in health insurance, endorsed legislation to create health care savings accounts.

6. The AMA will continue to identify any further means through which universal coverage and access can be achieved.

In related actions, the House of Delegates adopted substitute resolutions calling on the AMA not to limit itself to mandated employer health care benefits under health system reform, but to support the position that health benefits must be purchased either by individuals themselves or, if agreed to, by employers; to work diligently to ensure that any legislation implementing health system reform encompasses and limits health care for federal, state and local employees and retirees to the same degree as the general population, excluding active duty members of the uniformed services; and to declare "not acceptable" any plan which excludes federal, state and local elected officials and federal, state and local employees and retirees.

The House of Delegates voted to support health system reforms that:

- provide universal access free from rationing;
- include reasonable basic benefits, patient education, and significant patient responsibility for their own health care choices and behavior;
- are not biased toward managed care and include a true fee-for-service option, including balance billing:
- allow physicians and patients choice of plans and physicians;
- alleviate regulatory hassles and preserve highquality care;
- provide meaningful antitrust relief, including the ability for state and county medical associations to form partnerships of physicians for the purpose of being "accountable health plans";
- provide true tort reform;
- provide significant insurance market reforms;
- recognize the physician's unconditional responsibility and authority in medical decision making and treatment in conjunction with the patient.

Resolutions were considered calling for AMA opposition to a national health board. The House adopted policies that reaffirm AMA policy of opposition to a national health board of the sort

currently proposed by the Administration and support the creation of a national health advisory body or task force that will form a public/private partnership including the AMA to recommend

health policy.

On the subject of any willing provider provisions, the House affirmed a physician's right to apply to any health plan or network and have the application approved if it meets objective criteria that are physician-developed and based on professional competence and quality of care. It is the AMA's goal to see that physicians are not excluded inappropriately by managed care organizations.

The House modified policy to affirm that effective medical liability reform based on the California Medical Injury Compensation Reform Act (MICRA) model is integral to health system reform.

Many other issues were considered, including the serious problem of physicians and health care personnel as targets of threats, harassment and violence; physician assisted suicide; violence and firearms; drug marketing incentives; long-term care, safeguards for physicians in health care plans, and others.

If you desire additional information on any of the above subjects, please contact one of the dele-

gation members.

The next meeting of the AMA House of Delegates will be June 12-16, in Chicago. If you cannot attend, please inform your delegate(s) of your views and concerns so they may be properly represented. We will be happy to respond to any questions.

Kermit G. Wedel, M.D., Chairman

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Dr. Thor Jager Jager: Consultant and Pathologist

EUGENE W. J. PEARCE, M.D., * Kansas City

n 1907, just 30 years after the last cattle drive from Texas to Wichita, Dr. Thor Jager first came to Kansas as an intern at St. Francis Hospital in Wichita. He was recruited by Dr. Andrew Hinsdale Fabrique, who was present not only at the first cattle drive from Texas in 1872, but also at the incorporation of the town of Wichita in 1870. Dr. Fabrique (1842-1928) had the irregular and informal medical education of his times, when you were a physician because you hung out a shingle on which your name was preceded by "Doctor." Fabrique, dissatisfied with his spotty background and interested in keeping abreast of the new scientific medicine, made periodic trips back east to improve his medical knowledge and skills. He developed a particularly strong relationship with the faculty of Northwestern University in Chicago, and he persuaded some of its graduates to intern at St. Francis Hospital, an institution which he nurtured in its early days. Those interns brought to St. Francis by Dr. Fabrique in the early 20th century became known as "Fab's boys," and laid the foundation for scientific medicine in the city of Wichita and the surrounding territory.

Thor Jager Jager, one of "Fab's boys" from Northwestern, was born September 25, 1882 in Stockholm, Sweden, the son of Johan Fredrik Petersson, aged 29 years, and Eva Malvina Eriksson, aged 25 years. The father was listed on the birth certificate as an iron worker, but probably was more of what we would call an engineer. Young Thor was accompanied by a twin sister, Elna Torborg. The child Thor attended public and private schools in Stockholm, taking a degree in botany in 1901 from St. Jacob's College. Young Thor changed his last name while at St. Jacob's, a not unusual occurrence in Sweden at the time. He started at St. Jacob's as Thor Jager

Petersson, and was Thor Jager Jager when he finished. His transcript from Northwestern lists his occupation as "masseur," with training at the Gymnastic and Orthopedic Institute of Stockholm, dates not given.

He came to the United States in 1902, and lived with a family in New Jersey as a tutor while taking some courses at Columbia University. He entered the Medical School at Northwestern University in the fall of 1903, was elected to the Alpha Omega Alpha honorary fraternity as a junior in 1906 and served as a demonstrator in pathology his senior year, 1906–07.

Northwestern was one of the better medical schools in 1907, requiring two years of basic science instruction, followed by two years of clinical work, supplemented by experience in the hospital and dispensary. In contrast, the proprietary schools then in existence frequently required only three years at most of primarily lecture instruction with no clinical work. Alpha Omega Alpha, founded in 1902, elected graduates for "good scholarship, . . . honesty and decency, with higher professional ideals." Thus, his election to AOA in 1906, followed by graduation, cum laude, from Northwestern on June 20, 1907, placed young Dr. Jager in the front rank of all new physicians of his time. His arrival in Wichita that year represented the best of scientific medicine for a city whose citizens still included men who had hunted buffalo and traded with the Wichita and the Osage tribes on that site a mere 40 years earlier.

Before coming to Wichita, Dr. Jager passed a written examination for medical licensure in Illinois on June 19–20, 1907. In the spring of 1908, he was licensed in Kansas and Minnesota by reciprocity.

Following his internship, Dr. Jager returned to Chicago and served a year (1908–09) on the faculty at Northwestern as an instructor in pathology. Advanced training for Dr. Jager included a year at the University in Tübingen followed by a year at a university in Berlin, three months of which were spent in Freiburg. He published in

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the *Deutchsen Archiv für Klinische Medizin* in August 1910 an article titled "Über die Bedeutung des Keith-Flack'schen Knotens für den Herzrhythmus." In the paper, Dr. Jager described an experiment on small animals investigating the role of the Keith-Flack (sinoatrial) node in controlling heart rhythm.

Career in Wichita

In early 1911, Dr. Jager returned to Wichita to stay because he was offered a job: running the recently established laboratory at St. Francis Hospital. In addition, he opened up an office in Suite 611, The Beacon Building, 121 South Main. The newly completed Beacon Building (1910), described as Wichita's first skyscraper — being all of ten stories high, was obviously the place to be in Wichita at that time. It also housed the offices of Dr. Charles E. Bowers, with whom Dr. Jager was associated, and Drs. Andrew Fabrique, René Gouldner, and C.E. Milbank.

The combination of pathology and practice was not unusual at the turn of the century. Other Kansas worthies, Ralph Major and Arthur Hertzler, combined careers in both. Dr. Jager practiced internal medicine from 1911 to 1964. He was laboratory director also at St. Francis until 1936, when he became laboratory director at Wesley Hospital, where he transferred his clinical practice. He relinquished the laboratory at Wesley in 1949 to a board-certified pathologist.

Dr. Jager developed a local Wichita practice, of course, but also became a consultant, not only for Wichita, but for most of Kansas, parts of Oklahoma and Colorado, and down into Texas. In those days, the consultant sometimes went to the patient, and for Dr. Jager that usually meant a car and driver, occasionally accompanied by his young son Eric. At other times, going to the patient meant a trip with Walter Beech in an opencockpit biplane. And on occasion, Dr. Jager served as a referring physician to consultants elsewhere, some famous, when the patient required services not locally available.

Dr. Jager's first stop in the morning was the laboratory, where he read the pathology slides and interpreted the EKGs. Next he made hospital rounds — seven days a week — followed usually by a stop in the emergency room to see those he could not fit into his full afternoon schedule. At midday, he went to the office for a quiet period before his afternoon office practice. In the evenings, he read science, history and literature, but his main interests were medicine and the history



Photo accompanying Dr. Thor Jager Jager's application for a Minnesota medical license, 1908. (Minnesota State Archives, Minnesota Historical Society)

of medicine. He read current medical journals the way most folks read a newspaper, and he showed a remarkable familiarity with the old and famous medical books he collected over time. To do so, he was fluent in Swedish, English and German, and he was known to practice his French on Dr. Gouldner, a native of France. He also knew Latin, as indicated on his medical school transcript.

August was vacation month for Dr. Jager, who enjoyed water sports, especially fishing, in Minnesota and Canada in the early years. A little later, he and the second Mrs. Jager traveled widely in Europe, visiting some of the places where he lived and studied when young. They also spent time in the United States in Minnesota, Colorado and New Mexico. For Dr. Jager, postgraduate work while in practice meant a return to Germany. He spent three and a half months in Frankfurt in 1927 and four months in Munich in 1930.

Dr. Jager was granted certificate number 737 on July 1, 1937, by the newly created American Board of Internal Medicine, and was elected to fellowship in the American College of Physicians



Drs. Jager (left) and Gouldner at Camp Idlewild, Minnesota, 1929.

on November 16, 1952. He also held memberships in the Central Neuropsychiatric Association, the American Heart Association, the American Association for the History of Medicine, the Endocrine Society, and the American Gastroenterological Association.

His contemporaries knew Dr. Jager as a master diagnostician who was persistent and patient in eliciting signs and symptoms. Patients were questioned about relevant but obscure, or even forgotten, matters in various ways over time, frequently drawing forth the desired information. As an example of his skill and diligence in physical examination, he was observed examining a patient in a tub of warm water to induce relaxation so that he could verify enlarged lymph nodes in the abdomen.

His demeanor to all was courteous, even courtly, and according to Dr. Ernest Crow, "You could never go through a door after him." He spoke with a soft voice and a slight accent.

His teaching style reflected these attributes, as

he was, first and foremost, a bedside clinical teacher, demonstrating clinical findings to students and house officers. The same patience, persistence and courtesy in dealing with patients and associates was extended to his students, whom he corrected gently and never with ridicule or humiliation. The other major opportunity for clinical teaching was the hospital staff conference. As there was almost always some pathology to demonstrate, the conference provided a natural forum for Dr. Jager's teaching. He was least at home in the lecture format, but was appointed lecturer in the History of Medicine at the University of Kansas in 1940.

Personal Interests

Dr. Jager married Margaret Blair Case of Wichita in 1911. They had three children, Blair Valdemar (1923–1989), a physician; Margaret Elizabeth Blair (Mrs. Robert Saltzstein) (1915–), a journalist; and Eric Howard (1918–), a petroleum geologist. Mrs. Margaret Jager died suddenly on June 4, 1958. On June 11, 1959, Dr. Jager married Gwendolyn Lou Mason, a graduate of Wesley Hospital School of Nursing. Mrs. Gwen Jager is active in support of Wesley Hospital, where the cardiovascular lab is named for Dr. Jager.

Toward the end of his life, Dr. Jager began to look for a home for his treasured collection of rare, old and important medical books. On April 24, 1970, he signed a contract with the University of Kansas to accept the bequest of his collection. There were two main stipulations: that the collection was to be kept intact, and that it should be housed in a separate room. On February 24, 1974, in the presence of Dr. and Mrs. Jager, the Jager Room of the Clendening History of Medicine Library in Kansas City, Kansas, was dedicated. After Dr. Jager's death on November 18, 1975, a new Jager Room was dedicated on May 11, 1987, with generous support from Mrs. Gwen Jager and the Kansas University Medical Alumni Association.

The Jager Room

The works now housed in the Jager Room comprise a rare and wondrous treasure, characterizing not only the history of medicine, but Dr. Jager's special interests in that subject. There are 830 books, nine bound journals, and 40 miscellaneous items. There are 13 books from the 16th century, 39 from the 17th, 122 from the 18th, 344 from the 19th, and 312 from the 20th. A

complete listing of easily recognizable famous names would be tedious, but many of them form the vocabulary through which we communicate everyday medical information, from Addison's disease, through Heberden's nodes, Laennec's cirrhosis, Meckel's diverticulum, Papanicolaou's smear, Sydenham's chorea, and the circle of Willis. Reflecting Dr. Jager's interest in pathology, there are eight books by Ludwig Aschoff, six by Karl Rokitansky, and 41 by Rudolf Virchow.

Indeed, the Virchow collection is the cornerstone of the Jager Room, and judged to be unique by Erwin Ackerknecht, author of Rudolf Virchow: Doctor, Statesman, Anthropologist, when in 1950 he visited Dr. and Mrs. Jager in Wichita while gathering material for his book. By Dr. Jager's own estimate, in addition to the 41 books written by Rudolf Virchow, the Jager Room has 11 manuscripts, 116 pamphlets, numerous letters to and from Virchow, and the complete Virchow Archive, volumes 1 through 300. Reflecting Dr. Jager's broad interests are 24 books on sciences other than medical, seven on geography and anthropology, and three books by Linnaeus, the great 18th-century Swedish physician-botanist, natural acquisitions for a fellow Swedish physician who shared an interest in botany.

Along with the books in the Jager Collection came six cartons packed with Dr. Jager's papers from his office. Their arrangement, preservation and enumeration was one of my assignments when I became an archival intern in February 1989 under Nancy Hulston, the KU Medical Center archivist. Following my archival work on the Jager papers, I became interested in Dr. Jager's life, and turned into a historian. The Jager Papers fill 29 standard archive boxes, almost twelve cubic feet, and are divided into series according to their use in Dr. Jager's office. The bulk of the collection, 20 boxes, eight cubic feet, consists of carbon copies of letters to referring physicians. Five boxes are filled with letters from physicians Dr. Jager consulted, two about the history of medicine and rare books, and one box each with publications and miscellaneous materials.

The letters to referring physicians are usually short, one page, frequently one paragraph, and simple and direct. They comprise the years from 1918 to 1964, and tend in direction more toward the south and west than to the north and east. They are fascinating reading, and an analysis of the qualifications and locations of the physicians to which they were sent, along with the diagnoses



Dr. and Mrs. Jager at the dedication of the Clendening Library's Jager Room, February 24, 1974.

and recommendations would surely give us a picture of middle-American consulting practice of the day.

Famous signatures in Dr. Jager's papers include surgeons Adson, Balfour, Blair, Crile, De Bakey, Graham and Jackson; and physicians Allen, Alvarez, Crothers, Plummer, Vinson and Wintrobe. One box of letters received (1918-1947) is from Dr. Ernest Sachs of St. Louis, the third neurosurgeon in the United States.

As a published scientific author, Dr. Jager kept in his papers not only his reprints, but the work papers leading up to those publications, plus others in various states of preparation for oral or written presentation. The earliest work papers consist of a handwritten fragment on a case of sarcoma of the gallbladder for which there was no corresponding publication.

A handwritten essay on tuberculosis, with indication that it was presented orally, and a typed paper, undated, on polycythemia are not paired with publications. Typed abstracts of medical literature on colloid degeneration of the skin and a typed manuscript of the article entitled "So Called Colloid Degeneration of the Skin," are grouped with four copies of a published article of the same name in *Archives of Dermatology and Syphilology* for November 1925.

The most interesting sequence is Dr. Jager's hand-made and typed charts and manuscripts that became an article entitled "Infectious Mononucleosis; or Acute Benign Lymphadenosis," published in the *Journal of the Missouri Medical Association*, January 1927, five copies of which exist in his papers. Dr. Jager's rough pencil charts can be followed through typescript to typeset in the

published article. Such was scientific authorship in the 1920s.

There are two other articles that Dr. Jager wrote for which there are no work papers. The first was the previously mentioned "Über die Bedeutung des Keith-Flack'schen Knotens für den Herzrhythmus," published in August 1910, of which 12 copies exist in the papers and one in the library, and an article entitled "Cardiac Arrhythmia," published in July 1911 in the *Journal of the Kansas Medical Society* (precursor of KANSAS MEDICINE). This paper, too, is catalogued in his library and bears a subscript: 'Read before the Kansas Medical Society, May 5, 1911.'

The papers contained typed and handwritten essays or fragments written by Dr. Jager concerning the history of pathology, Rudolf Virchow, and Richard Lower, who first transfused blood between animals in the 17th century. Correspondence with the business manager of the *Journal of the Kansas Medical Society* in October 1942 indicated Dr. Jager's refusal of a request for publication of his "lecture notes" on "The History of Pathology," which he had presented at the University of Kansas, and at a meeting of the Sedgwick County Medical Society.

Correspondence on scheduling and titles of lectures on the history of medicine between Dr. Jager and Drs. Clendening, Major, Dimond and Menninger (both W.C. and Karl), dates from the late 1940s to the mid 1950s.

Two of his correspondents on the subject of rare medical books visited the Jagers in Wichita. Erwin Ackerknecht spent a week with them in 1950 using and admiring Dr. Jager's Virchow collection in preparation for his book. Earlier, Herbert M. Evans, of the Institute of Experimental Biology at the University of California at Berkeley spent a week with the Jagers in the fall of 1936. Evans followed with a handwritten thank-you note on Institute stationery verifying, "Your collection is one of the few notable ones in our country and my visit to it one of the notable events in all my eastern trip." The letters from Evans extend in time from 1933 to 1945, number about 25 and, in his discussion of rare medical books, have the exuberant tone of a schoolboy chattering about baseball cards.

That Dr. Jager shared this enthusiasm for medical book collecting is evident from his retention of catalogues, invoices, receipts and other documents pertaining to the acquisition of the Jager Collection. The earliest document is a catalogue from B. Login & Son of New York, dated 1925—

26, and the latest is an invoice from Dawsons of Pall Mall dated October 13, 1971. The arrival of a new catalogue was an occasion for deep and immediate study, and those close to him always knew what kind of gift would please him most. The late 1930s was the most intense period of book acquisition, judging by the volume and content of the documents. Leipzig, Florence, Amsterdam, Frankfurt, Zurich and Berlin, as well as New York and London, were cities with book dealers from whom Dr. Jager bought. An example of quality and prices of the day is a receipt from Raphael King Ltd. of London listing "Graaf. DeMulierum Organis 1672," price £3-10s, and "Hunter. Treatise of Venereal Disease 1786," price £12-0s. Preceding the receipt from King was a debit for \$77.05 from Dr. Jager's account at the Fourth National, a memorandum of cheque for £15-10s from the American Express Company listing the exchange rate at \$4.92\\, and a post office receipt for registered mail. What a bargain, even considering that the current dollar is worth but a tenth (or less) of the 1938 dollar.

A most interesting bit of correspondence about Dr. Jager occurred in the spring and summer of 1918, when Dr. Jager asked the assistance of friends in high places to help him obtain a commission in the Army Medical Corps. The sticking point was that Dr. Jager was not yet a United States citizen and, as Chas. H. Mayo, Major, MRC, pointed out, "at present there are instructions to delay the commissioning of foreign born men excepting those of our allied countries until there is greater need in the medical service." Dr. Jager did get his citizenship papers on September 27, 1921. He wanted to be known as an American, actively discouraging his children from learning Swedish, and talking very little about the old country.

Immigrant with Character and Talent

Dr. Jager's life and work reflect the classic American success story of his time — an immigrant with character and talent who seized the opportunity presented to him to achieve success in his chosen field. He was a cultured gentleman in the tradition when all knowledge was of interest to men of learning, some of whom practiced medicine. In that tradition, men of culture and scholarship not only studied and respected their antecedents but revered them by collecting the artifacts of their intellect — their medical writings.

There are three elements in a successful career. Two of them are obvious: the need to make a living, and the provision of a good or service useful to others. Since antiquity, the practice of medicine has been a highly regarded means of providing service to others over and above the mere dictates of a commercial transaction. It involves not only the relief of human suffering, but also, the pursuit of an internalized set of standards of diligence and responsibility, even to the sacrifice of the practitioner's personal interest. These standards are the ethic of any profession, whether engineering, law, accounting or medicine. Dr. Jager pursued the intellectual and ethical aspects of his art, gently and compassionately, for the relief of human suffering and for the transmission of knowledge and art to his students.

But it was more than that. There is work that is interesting in and of itself, and captures the total attention of its practitioners. Such careers have been studied by Mihaly Csikszentmihalyi of the University of Chicago, who observed artists, athletes and surgeons. In his book *Flow: The Psychology of Optimal Experience*, he details the sense of fun, joy or sport experienced by people whose careers are innately interesting. In that category, I would include all fields of medicine — and certainly the career of Dr. Jager.

In modern jargon, Dr. Thor Jager "had it all." He made his living, a good one, at a calling that was highly valued not only by those whom he

served but by the community in general, and on top of it all, he had fun doing it. Dr. Jager's life exhibited that combination of challenge and service which provides the ultimate satisfaction of human endeavor and becomes an exemplar to us all.

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A CLIA '88 Road Map

SUE RILEY, * Topeka

f you feel lost on the road to a successful CLIA '88 certification inspection, read on. The following article and checklist are intended to make your journey less confusing.

The Health Care Financing Administration (HCFA) has mandated that the first round of inspections contain a large educational component. Sanctions other than deficiency statements will be taken only when there is an immediate

and serious jeopardy to human life.

The Kansas Department of Health and Environment has made a strong commitment to provide educational resources for the medical laboratory community. In response to this need, the department created a state-funded training coordinator position whose responsibilities include keeping the medical community informed about developments in laboratory regulations. The intent of this article is twofold. First, we would like to communicate the most frequently cited deficiencies in laboratories being inspected; and second, to let you know what you need to do to prepare for CLIA '88 certification approval.

Deficiencies

The most frequent sanction taken by the inspectors is a deficiency statement. The five deficiencies observed most frequently by Kansas inspectors are:

- Failure to perform and document quality control with at least two levels of control each day of testing (if the manufacturer requires additional controls or the laboratory has written more explicit instructions, the most stringent procedure must be met); and failure to retain quality control documents for at least two years.
- Failure to follow manufacturer's instrument operating instructions, especially the requirement listed under the preventive maintenance section in the operator's manual.
- Failure by the laboratory director to assure that a complete procedure manual is written and approved, with all corrections or changes initialed

A set of self-administered checklists to help you evaluate your laboratory is available, either printed or on computer disk. To obtain copies of these, or to discuss specific problems or questions, call the author, Sue Riley, at KDHE, 913-296-6621; fax: 913-296-1641.

and dated prior to implementation; and written approval of personnel assignments, responsibilities and duties.

- Failure to keep complete records. The name and address of the testing facility cannot be determined. The identity of the person performing the testing and the date and time the test arrived in the lab is not recorded.
- No written quality assurance in place for the laboratory.

The Survey Process

Your staff will be more comfortable and prepared if they know what to expect before the inspector arrives. The process will be easier for the inspector, also, when the right documents are correctly prepared in advance of the inspection. When laboratory staff know what to anticipate, the appropriate personnel can be made available for answering questions, responding to requests and attending necessary educational discussions.

Scheduling. The process begins when the inspector calls the laboratory to schedule the inspection, which is done one to two weeks in advance. Geographic location determines when a laboratory will be visited, since the inspector plans the best route for efficient travel. Laboratories can expect to spend at least half a day for a POL and a full day for a hospital or large clinic inspection. For maximum efficiency in the laboratory, and so the person assigned to participate in the inspection can concentrate fully on the procedure, it is a good idea either to staff one extra person or lighten the patient load during the onsite visit.

During the scheduling conversation, the inspector will ask what tests are included in the

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laboratory's test menu, the test volumes, what instrumentation is in use, and the complexity category of those tests and instruments. From that information, the inspector will determine the personnel requirements for the facility being in-

spected.

Personnel Documents. The laboratory needs to collect and review personnel documents demonstrating that employees are appropriately educated and trained for the tests they are performing. For example, in a moderately complex laboratory the director, the technical consultant, the clinical consultant and all testing personnel require specific documents. The personnel file for a doctor should include a current Kansas license. A diploma or transcript documenting the highest level of education is required for the other designated staff. Training will need to be documented, either on the job or through an in-service or educational facility. The laboratory is also required to provide a specific list, signed by the director, of the testing each individual is approved to per-

Documentation Process. Once the personnel records are complete, an evaluation should be made of the documentation process. Choose several patients who represent all areas of laboratory testing done in the facility. Look at the test requisition, test report and test record for each patient or test chosen. By going through the patient records from the time the test was ordered until it was reported, the staff will be able to pinpoint any shortcomings in the laboratory's recordkeeping system.

For example, if a patient had a CBC, UA, and electrolytes ordered, the following questions

should be considered:

1. Is all the specified information on the requisition? The requisition must include:

- a. The patient's name or other unique identifier.
- b. The name and address of the authorized person ordering the test.

c. The test to be performed.

d. The date of specimen collection. (For Pap smears, the patient's last menstrual period; age or date of birth; and indication of whether the patient had a previous abnormal report, treatment, or biopsy should be included in the report.)

2. Were the tests performed by testing personnel designated by the director to perform those specific tests? Were the test results signed or initialed by the person performing the tests, and were the time and date recorded?

3. Were the reagents stored at the appropriate temperature? The reagents must be stored at the temperature range listed in the manufacturer's instructions and/or in the procedure manual. A daily log must be maintained of the temperature of each storage area (refrigerators, freezers, incubators and room temperature).

4. Were the instruments calibrated according to the schedule and instructions given by the manufacturer? Are all calibration records available

for the inspector to review?

5. Has all preventive maintenance been performed according to the schedule and instructions given by the manufacturer? Are the preventive maintenance record and the repair log available for inspection?

6. Was proficiency testing performed correctly on each regulated analyte and reviewed by the director with the testing personnel in a timely

manner?

7. Were control samples tested and determined to be acceptable prior to the patient sample test-

- 8. If patient results were abnormal, did they fall within the "panic" ranges? If so, was this communicated to the person designated to receive it?
- 9. If the results were outside the acceptable range stated in the testing procedure, were they repeated before being reported? Is the laboratory procedure for specimen rejection or for result evaluation followed exactly as it is written?
- 10. Did the results correlate with the patient demographic information provided on the test requisition? For example, were adult normal ranges reported on hematology results for a newborn, or a urine pregnancy test performed for a man?
 - 11. Did the report get to the right chart or file?
- 12. Was the value reported with the correct units of measurement? Are "normal" or "reference" ranges readily available to the person ordering the tests?

13. Is the testing lab clearly identified on the

test report?

14. Did the doctor receive timely, accurate tests performed by qualified personnel?

Accurate and complete records in all these

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Laboratory Certification and Improvement Section

Self-Evaluation Checklist (for educational purposes only)

LABORATORY MANAGEMENT

Yes	No
	1. Is a policy/procedure manual available to laboratory personnel which includes: all procedures in use by the laboratory?written instructions for clients who submit reference specimens?frequency of use and acceptability of results for quality control?actions to be taken when quality control results deviate from acceptable criteria?frequency of calibration or calibration verification?methods for identifying and reporting "panic values" in lifethreatening situations?
labo	2. Have all policies and procedures been approved by the current ratory director at least annually?
	3. Do procedures for specimen collection and processing ensure: optimum specimen integrity? positive patient identification? throughout the entire testing process? by the use of unique identifiers?
	4. Are test requisitions (orders) kept for 2 years?
_	5. Do test requisitions contain: name and address of person ordering the test?patient name or other unique identifier?name of test to be performed?the date the specimen was collected?any additional patient information necessary for interpretation of test results?
	LMP for pap smears?time collected?source of specimen?
	6. Are test results reported in a timely, accurate, reliable, and confidential manner?
	7. Are policies available to address requests for STAT and timed tests?
_	8. Is an original or exact duplicate of each test report, including preliminary and final results, retained for the required time period? immunohematology reports for 5 years. pathology reports for 10 years. all other reports for 2 years.
	9. Do tests reports indicate the identification of the laboratory performing the test?
	10. Do test records indicate the identification of the person performing the test?
	11. Do test records indicate the time of receipt of the specimen into the lab?

13. Does the laboratory have a list of test methods, performance specifications, interferences or other information which may affect the test results?
15. Is KDHE, or the accrediting agency if the laboratory has deemed status, notified promptly of all pertinent changes in: laboratory ownership?location?directortechnical supervisor?changes in test menu and test methodologies?
16. Are qualified personnel employed to perform all laboratory tests? (Refer to personnel guidelines CFR 493.1401 - CFR 493.1495)
17. Is the laboratory enrolled in an approved proficiency testing program for each analyte the laboratory performs listed in Subpart H of the regulations? is the score for each analyte 80% or better each testing period? are all incorrect answers investigated to determine the cause and an appropriate plan of correction instituted? are all proficiency testing results released to the state agency? is the same program set used for a year of proficiency testing? 18. Is the laboratory in compliance with all federal, state and local laws including:
local laws including: Kansas approval to perform: HIV testing? tests for controlled substances? 19. Are contaminated wastes disposed of in accordance with K.A.R. 28-29-27?
20. Does the quality assurance program monitor the patient test management system by including an ongoing review of: patient preparation, specimen collection, labeling, preservation and transport?
appropriateness of criteria for specimen rejection and adherence to criteria?
accuracy and reliability of test reporting systems and record storage and retrieval? patient test results in light of age, sex, diagnosis or other pertinent clinical data, relationship to other test results and distribution of all results in light of the characteristics of the clientele (eg. pediatric population, geriatric population, etc.)?

(Checklists are provided solely for your use. They need not be returned to our office.)

stages indicate that the laboratory has a good foundation in patient test management.

Prenatal syphilis, HIV, and drugs-of-abuse testing are governed by separate state regulations. If your testing facility is a hospital, there are specific Kansas regulations that govern hospitals, and you must go by the most stringent law in each situation. If your laboratory is to be inspected by representatives of an accrediting agency other than the CLIA inspectors (such as COLA or CAP), those agencies have additional requirements.

Checklists and Computer Disks. The agency's Medical Laboratory Program Office (MLPO) has produced numerous checklists, such as the one which accompanies this article, as well as forms and procedures, which are available to assist you in preparation for an inspection or in preparation of your plan of correction after your inspection. The checklists are for use in your own facility and need not be returned to KDHE. There are no trick questions. Rather, the checklists are intended as an organized way for all labs to check their facility for compliance with CLIA 88, State of Kansas regulations and — most importantly — good laboratory practice.

The regional office of the Health Care Financing Administration provided KDHE with a complete Complexity List updated as of July 26, 1993, which contains all the tests whose complexity has been classified at this time. This information is available on computer disk and will be provided at no charge if you send in a blank disk, a self-addressed stamped envelope, and a note specifying which disk or disks you want. You will need to send either one high-density or two low-

density disks for each Help Book disk or Complexity List disk you request. You may send either 5.25- or 3.5-inch disks. The information on both is in IBM PC-compatible format using WordPerfect 5.1 software.

It is our goal to teach good laboratory practice, as well as to supply helpful information for compliance with regulations. This is an open invitation to all clinical laboratory facilities to contact our office and request in-service, education, or workshop programs. On-site visits by the training coordinator can be scheduled upon request.

Most importantly, become informed. Get a copy of the *Federal Register* for February 28, 1992, and July 26, 1993, from your local library. Another helpful document would be the interpretive guidelines used by the inspectors. A copy may be obtained by writing: National Technical Information Service, U. S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161. Please expand your laboratory team to include the MLPO as a resource in your laboratory's continuous quality improvement plan.

Helpful References. The following resources will provide useful information for your improvement plan.

CLIA '88 Health and Quality Standards. *Federal Register*, vol. 57, no. 40; Friday, February 28, 1992, Rules and Regulations.

Appendix C, Survey Procedures and Interpretive Guidelines for Laboratories and Laboratory Services, Update October 25, 1993.

Help Book produced by The Department of Health and Environment, Medical Laboratory Program Office. Additions are made on an ongoing basis.

AIDS Information

 CDC National AIDS Clearinghouse
 1-800-458-5231

 National AIDS Hotline
 1-800-342-AIDS

 (English)
 1-800-344-7432

 (Spanish)
 1-800-243-7012

The Incidence of Guillain-Barré Syndrome in a Metropolitan County, 1984-1988

KEVIN C. HOPPOCK, M.D.; GREGORY G. GREER, B.A.; AND ANNE D. WALLING, M.D., * Wichita

uillain-Barré syndrome (GBS) is a rare subacute polyneuropathy characterized by symmetrical ascending flaccid paralysis with loss of lower extremity deep tendon reflexes. The condition is considered to be due to an autoimmune destruction of myelin and myelin-producing cells triggered by a viral or other exogenous factor in susceptible individuals.² As with all conditions of low incidence, the small number of cases observed each year in a given population makes determination of the true incidence rate difficult; a small fluctuation in the number of cases may have a large impact on this rate. The problem is exacerbated by lack of consensus or clarification in earlier studies as to the criteria for GBS. In spite of these problems, several studies have estimated the expected incidence of GBS to be in the range of 0.6 to 2.0 cases per 100,000 population per year (Table 1).3

Based on a review of the clinical experience of residents on the neurology rotation of HCA Wesley's Family Practice Residency Program in Wichita, we had the impression that more than the expected number of cases of GBS were occurring in Sedgwick County. This was particularly interesting, as Larimer County in the adjacent state of Colorado has been reported to be an area of unusually high incidence: 4/100,000.4 An epidemiological study therefore was undertaken to determine the incidence of GBS in Sedgwick County and compare the cases to published reports on the distribution of GBS by age, sex, race, mortality and morbidity experience, and the relationship of a preceding viral illness to this disease.

Methods

The study was a retrospective review of hospital records of all GBS cases in Sedgwick County residents from 1984 to 1988. Because there are no

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other large cities or medical referral centers within 150 miles of Wichita, the city is a major medical referral center for much of Kansas and contiguous states. For this reason, outflow of county residents with GBS was unlikely. The assumption was made that all cases of GBS would require hospital admission. All records carrying ICD-9 code 357.0 at death or discharge were identified, and non-county residents were eliminated on the basis of zip code of usual residence. Each hospital record was reviewed to confirm that the case met clinical criteria for GBS and to extract information on the variables of the study. The clinical criteria used were: subacute, progressive weakness of at least the lower extremities; and decreased deep tendon reflexes.

Information was extracted from each chart on the patient's age, sex, race, usual residence, occupation, length of hospital stay, season of admission, severity of illness, history of antecedent illness, treatment, and specialties of the physicians managing the care. This retrospective chart review covered all five hospitals serving Sedgwick County.

To provide accurate denominator populations for the five years studied (calendar years 1984-88), demographers from the Metropolitan Area Planning Department (MAPD) calculated specific mid-year population estimates for each year and verified the cumulative population at risk for the five-year period studied.

Results

The initial search by discharge code identified 45 cases of GBS in residents of Sedgwick County during the five years studied. Of these, two cases were rejected, as deep tendon reflexes were recorded as exaggerated rather than diminished. The remaining 43 cases met the clinical criteria previously outlined.

The annual incidence rate per 100,000 population ranged from 1.27 in 1987 to 3.15 in 1984. The overall incidence for all five years was 2.2 per 100,000 person-years (Figure 1).

TABLE 1 COMPARISON OF POPULATION-BASED STUDIES OF GUILLAIN-BARRÉ SYNDROME.

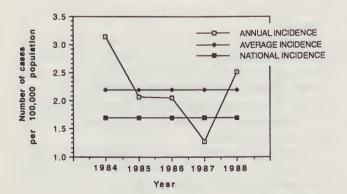
Population Studied	Years	Numbers of Cases	Average Incidence Per 100,000
Iceland	1954-64	13	0.7
United Kingdom	1955-61	3	0.6
Guam	1960-66	5	1.9
Minnesota	1935-76	40	1.7
California	1972-76	18	1.2
Israel	1969-72	89	0.8
Norway	1957-77	112	1.2
United States	1976-77	432	1.7
Finland	1977-86	71	1.0
Denmark	1977-86	34	2.0

Similar numbers of males and females were affected: 22 males and 21 females. The racial distribution of cases, 38 (88.4%) white, 3(7%) black, and 2(4.7%) Hispanic, approximated that of the city population. The average age of patients was 53 years, with a range of 10-88 years. There was a bimodal distribution of cases as illustrated in Figure 2, with one peak at age 25-35 and one at 50-70. There was no apparent clustering of patients by occupation or area of residence.

A recent history of upper respiratory infection was recorded in the charts of 20/43 cases. Further, nine patients were recorded as having recent gastrointestinal infection, and two patients had infections recorded in both systems. No preceding infections were documented in 12/43 charts.

Lumbar puncture was performed on 36 patients. The other seven patients refused consent for the procedure. Protein levels in the cerebrospinal fluid (CSF) were elevated in 29 of the 36 individuals tested (81%).

No patients died during the study. The severity



of the illness varied widely. Five (12%) patients required ventilator assistance, 11 (26%) had cranial nerve deficits, 23 (54%) had strength and reflex deficits in all extremities, and 4 (9%) had deficits only in the legs. Despite this range of clinical severity, all but one patient had a good recovery with activity of daily living (ADL) measures at final discharge of "normal" or "nearly normal."

The mean length of hospital stay was 38 days, but this was elevated by a few patients with very long stays. The range was 2-201 days, and the median length of stay was 18 days.

Regardless of the specialty of the admitting physician, all patients were seen by a neurologist during their hospital course. A variety of treatments were used. About half (20/43) of the cases were managed with only supportive care. Plasmapheresis was used in 15 (35%), corticosteroids in 6 (14%) and both in two cases. In addition, two patients were treated with intravenous ACTH.

Discussion

The incidence rates found for GBS over the five years studied are higher than those predicted for an American population, but the overall rate of 2.2 cases/100,000 is not statistically significant when compared to the national incidence rate.

The number of cases occurring in Sedgwick County varied from 5 to 12 per year. The design of this study could have missed cases in which patients were not admitted to a hospital in the county, or were misdiagnosed or miscoded. These incidence rates, therefore, were likely to represent low estimates of the true incidence. Although it is unlikely that many cases were missed, even small fluctuations in the number of cases

would have changed incidence rates to approximate those found in Colorado. Such studies require complete identification of cases, stringent attention to criteria and inclusion of data from many years to avoid misinterpreting a fluctuat-

ing rate.

The present study had advantages over previous community-based studies because of the defined population and lack of outflow problems. It was also not dependent on reporting by neurologists and was supported by highly specific denominator population calculations. The incidence rate found in this study may indicate that Sedgwick County is an area of fairly high prevalence, or that national rates have risen since earlier studies.

If the pathogenesis of GBS depends on an exogenous trigger such as a viral illness to initiate an autoimmune destructive process in a susceptible individual, high rates could result from an epidemic of viral illness or a particularly vulnerable population. There is no evidence that either occurred during this study. Investigators have pointed out that GBS incidence rates may be expected to be higher when the population contains significant proportions of older people, but the age structure of the Sedgwick County population matches the national distribution. The small number of patients did not permit accurate agespecific incidence rates to be calculated.

In this study, we did not find an expected higher incidence in men or in whites. The condition appeared to be evenly distributed throughout the adult population and was not associated with occupation or any geographic location within the county. The only epidemiological factor which did confirm other studies was the report of recent illness within the last month. Even allowing for recall bias and the frequency of such illnesses in the general population, this finding was significant.

Although there was no mortality, GBS accounted for significant morbidity as demonstrated by the long lengths of hospital stay, need for assisted ventilation, and symptom pattern reported. The choice of treatments was interesting in view of current controversies, particularly over



Figure 2. Number of cases by age.

the role of plasmapheresis and the potential danger of corticosteroid therapy. There appeared to be no correlation between treatment regimen and either severity of illness or length of stay.

Conclusion

Almost all aspects of GBS are disputed — even the name of the author who originally described the syndrome. In attempting to answer the question about a local "epidemic" of GBS, we have demonstrated that Sedgwick County is an area of higher than expected incidence. We have also drawn attention to the need for great caution in conducting and interpreting community-based epidemiological studies on rare conditions such as Guillain-Barré syndrome.

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Penile Metastases from Prostate Cancer

BABU PRASAD, M.D.,* LYLE NOORDHOEK, M.D.,† AND KEVIN MCDONALD, M.D.,‡ Hays

In March 1991, a 69-year-old white male was diagnosed with poorly differentiated adenocarcinoma of the prostate. At that time, his PSA level was greater than 50 ng/ml. Bone scan revealed only degenerative changes. CAT scan of the pelvis showed mild enlargement of the prostate with irregularity of periprostatic tissues. The patient received definitive radiotherapy consisting of 5000 cGy to the pelvis and 7000 cGy to the prostate. Six months later he developed lower back and hip pain. Repeat bone scan showed increased activity in the ribs and spine consistent with bone metastases. The patient was started on monthly Lupron injections. In January 1992 he developed a painful mass in the penile shaft at its root, with occasional bleeding from the urethra. Biopsy of the lesion was positive for adenocarcinoma of prostate origin. Cystoscopy showed almost complete obstruction of the urethra. The patient underwent suprapubic cystostomy and bilateral orchiectomy. He was also started on oral Flutamide. Radiation therapy to the penile lesion is planned if the lesion shows signs of progression or becomes symptomatic.

Discussion

Metastatic carcinoma to the penis is an extremely rare condition. The most common primary sites for these tumors are the prostate and bladder. Occasionally tumors arising from kidney, rectum or testes can metastasize to the penis.

A painful mass in the penis is the most common presenting symptom. About one-third of patients experience priapism. Bleeding may occur if the urethra is involved. Micturitional difficulties, including retention, have been reported. The method of tumor spread to the penis is usually by direct local extension. Other means of spread



Figure 1. Moderately differentiated adenocarcinoma of the prostate in penile biopsy.

are retrograde venous transportation, or lymphatic or even hematogenous spread.

The corpora cavernosa is the most common site of involvement in the penis, in up to 60% of cases, while the corpora spongiosum is involved in 10% of cases.

Diagnosis is established on biopsy of the lesion. The treatment usually consists of surgery or, more often, irradiation. The prognosis in these patients is generally very poor, since most have disseminated disease.

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Imaging of Femoral Neck Stress Fracture

DAVID BRAKE, M.D., * Wichita

65-year-old man presented with persistent hip pain. He had a history of carcinoma of the prostate several years earlier, treated with radiation therapy. There was no clinical evidence of recurrence of the prostate carcinoma. The medication history consisted solely of Flutamide, two tablets every eight hours for prostate carcinoma.

Imaging Findings

Radiographs of the pelvis and right hip showed no abnormality; specifically, no fracture was identified or bone destruction seen in the right, proximal femur. Subsequent MRI was performed. Coronal, sagittal and axial images each showed loss of bone marrow signal in the femoral neck region, involving a segment measuring 1.5 cm in craniocaudal dimensions. The process does not involve the femoral head, as would be expected if this were avascular necrosis. The MRI findings are consistent with stress fracture of the right femoral neck.

Discussion

Radiographs of stress fractures of the femoral neck often are negative. While radionuclear scanning is quite sensitive, sometimes there is a delay of a few days before the fracture will be positive, depending on the age of the patient. MRI visualizes the loss of bone marrow signal, as edema and hemorrhage into the medullary cavity replace the fatty marrow, usually within two to three hours.





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Tuberculosis Outbreak in Finney County, 1993

ifteen cases of active tuberculosis (TB) were reported in Garden City from April to August 1993. This represents a significant increase over the baseline rate for TB in Finney County during the previous 10 years (see figure). Among the 15 case-patients, there were nine children (median age 2 years; range: 9 months to 12 years) and six adults (median age 32 years; range: 26 to 91). Fourteen (93%) of the case-patients were Hispanic; five (33%) were born in Mexico.

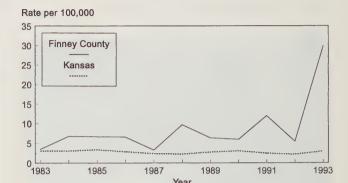
All of the adults and seven of the children had pulmonary TB; one child had TB meningitis; and one had TB osteomyelitis. All six of the adults and two of the children had positive cultures for *Mycobacterium tuberculosis*. The other children were diagnosed as having TB based on positive skin test results and abnormal chest radiographs. Twelve (80%) of the case-patients were tested for HIV; all were negative.

The 15 case-patients lived in six households geographically dispersed throughout Garden City. Although the case-patients in the different households denied any direct contact with each other, TB isolates from case-patients in three of the households were identical by DNA finger-printing and were susceptible to all drugs tested. An isolate from a case-patient in a fourth household had a different DNA fingerprint and was rifampin-resistant.

The outbreak of TB in Garden City is ongoing, and new cases continue to be identified. As of December 1, 1993, 37 persons were being treated with multidrug regimens for tuberculosis disease; 11 of these cases have positive cultures for TB. In addition, approximately 200 people are receiving prophylactic treatment with isoniazid for tuberculosis infection.

High-risk groups for TB include persons of lower socio-economic status who are medically underserved, foreign-born persons from countries with a high prevalence of TB, and persons belonging to minority groups. All of the TB cases in this outbreak were from one or more of these high-risk groups. HIV infection and homelessness, commonly associated with TB, were not identified as risk factors in this outbreak.

The increase of TB in Garden City is of increas-



Rate of tuberculosis in Finney County and in Kansas, 1983 through November 14, 1993.

ing public health concern. The same risk groups for TB that are present in Garden City are also present in many other Kansas communities., so similar outbreaks could occur in other areas of the state. Because TB has been relatively uncommon in Kansas in recent years, many health-care providers may be unfamiliar with the disease. Any person with signs and symptoms of active disease (i.e., cough, weight loss, night sweats, hemoptysis) should be promptly evaluated by chest radiograph and by submission of three sputums for smear and culture. Persons at risk for TB should be offered a tuberculin skin test when receiving routine medical care.

Because drug-resistant TB is an increasing concern, and because compliance with treatment is often poor, KDHE is currently recommending that all persons with active TB be placed on an initial four-drug regimen (isoniazid, pyrazinamide, rifampin, and either ethambutol or streptomycin) and be monitored by directly observed therapy. These recommendations are based on recent guidelines for TB treatment published by the Centers for Disease Control and Prevention (MMWR 1993;42,no.RR-7:1-8).

Any suspected case of TB should be reported promptly to the local health department to ensure appropriate follow-up, and so that contact tracing can be initiated. KDHE can provide laboratory support (smear, culture and susceptibility testing) and medications for patients with TB infection or disease. Contact the Bureau of Disease Control at 913-296-5586.

Pocket Computers: Hewlett Packard 100LX

DONALD L. VINE, M.D., * Wichita

Editor's note: For the next several issues, Dr. Vine, author of the "Cardiology Notes" column, will evaluate and compare new medical computing products. The "Cardiology Notes" column will resume following completion of this series.

octors who expect to retire within the next five years can probably complete their careers without touching a computer. The rest of us, for better or worse, will have to learn to use one.

Given the inevitable invasion of these devices into our personal and professional lives, there may be no more painless way of adapting than to take advantage of the rapidly developing area of pocket computing to help us organize our activities and information. In the next three or four issues of KANSAS MEDICINE, I will review some of the recently introduced miniature computers.

HP100LX Features

The Hewlett Packard 100LX is a true pocket computer. At 1 inch in thickness, 6.3 inches in length, 3.4 inches in width and 11 ounces in weight, the 100LX is just acceptable as something

to carry in the jacket pocket or purse.

In this small package, HP provides a DOScompatible computer with up to 640 Kb of system memory and 340 Kb or RAM for data and program storage. With a PCMCIA memory card and data compression, additional user-accessible memory of 10 Mb (10 million typewritten characters) or more can be saved and referenced. To put this into perspective, clinical summaries of 1,000 patients might occupy a file of one-half Mb, and a file of 1,000 key references with abstracts might require 2 Mb.

The CGA-compatible reflective screen is fairly easy to read in good ambient lighting. To maintain full DOS compatibility, screen size can be set to 80 columns by 24 rows, but the type face at this resolution is too small for easy reading with my eyes. More legible font sizes can be cycled by simple keystrokes.

Built-in software includes a phone book, appointment and to-do scheduler, memo writer, notepad for titled notes and a user-definable database function. Each of these applications can include a freeform note field of up to 32,000 bytes (characters).

A built-in Lotus 123, version 2.4, spreadsheet can be used with the HP calculator functions to develop and perform sophisticated medical calculations.

With proper accessories and software, the 100LX can be connected to a PC for file transfer, to a modem for faxing or other data transmission and to a printer for paper communication. Wireless communications are also possible with compatible cellular components.

The keyboard, of course, is fairly small, but is easy to use for short and medium-length documents. The built-in numeric keypad is excellent for those whose applications require significant numeric input. A nice feature is the "sticky" shift key, which permits one-hand typing of capitals.

The Intel 80C186 central processor runs at a speed of 7.91 MHz, which is comparable to the early IBM-PC XT computers. Two AA batteries provide weeks of intermittent usage, and the PCMCIA memory card (optional) requires no batteries for indefinite retention of information.

Comments

The possibility of having a computer that can run standard DOS PC software and fit in the palm of your hand was unheard of a few years ago. In this vein, the potential uses of the 100LX are limited

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CONFERENCE, April 15-17: "Redefining Psychiatry: Implications for Practice, Training & Recruitment," featuring Drs. Bernard Aarons, Elissa Benedek, Richard Cohen, Leah Dickstein, Glen Gabbard, Fredrick Goodwin, Carol Nadelson, Steven Sharfstein, Steven Paul, Allan Tasman, Sidney Weissman, Eliza, Roy & Walter Menninger. Cost: \$175. Location: Topeka, KS. CE credit: 16 hours. Contact Menninger Continuing Education, 800-288-7377.

CONFERENCE, July 24-29: "Medical Marriages: Balancing Commitments to Family and Profession." Crested Butte, CO. CE credit: 24 hours. Contact Menninger Continuing Education, 800-288-7377.

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primarily by three factors: your imagination, the speed of the processor and import-export software support.

Besides the usual phone book and scheduling, which the 100LX supports very well, and maintaining a to-do list which is adequately supported, the database, memo and notepad have a lot of potential.

Personal items of information, such as expense records, automobile mileage, continuing medical education announcements, lists of compact disks and almost any assortment of items of interest can be easily entered and maintained.

Patient information is simple to enter, and the appointment or database functions can be used to keep track of time spent with patients or of procedures performed. Frequently used diagnostic and procedural codes can be maintained for quick reference.

The memo function can be used to enter scattered pieces of information as they come in during the day. Chapters from CD ROM texts, such as *Scientific American Medicine*, can be downloaded to a PC and then transferred to the 100LX for review during lulls in the day's activities.

Notepad is an ideal format to organize reference material of two or three pages (or more) in length, and the spreadsheet and calculator are excellent for anyone needing to do clinical calculations regularly.

On the down side, the processor is slow by current laptop standards. While you can maintain several applications (phone book, database, appointment, etc.) in memory and switch rapidly from one to another, switching from one application such as database to another instance of the same application can be fairly slow because the first has to be saved and then the second loaded.

There is commercial and shareware software that will transfer *simple* phone book, appointment and to-do items to and from standard PC applications, but textual material with imbedded carriage returns and tab characters is not supported by commercial software that I have been able to locate. Full realization of the potential capabilities of the 100LX may require additional time spent on Compuserve or other on-line forums exchanging ideas with other users.

Still, by the time the average physician exhausts the full potential of the 100LX, he or she will have learned enough about personal computing to move comfortably on to the next generation of hardware.

American Medical Association

Physicians dedicated to the health of America



For Your Benefit

AMA to Congress: Doctors must make medical decisions in a reformed system

Physicians are "deeply concerned" the Clinton administration and others proposing health system reform would turn medical decision-making over to insurance companies and government bureaucrats.

In a Nov. 5 speech to the Commonwealth Club of California, AMA EVP James S. Todd, MD, expressed this concern, adding that reform will not succeed if doctors go from being patient advocates to simple allocators of services.

The speech, scheduled for broadcast through National Public Radio on 150 stations in 37 states, was the Association's first public address since President Clinton submitted his health system reform bill to Congress Oct. 27.

Applauding the Clintons for setting the stage for system reform, Dr. Todd turned comments toward Capitol Hill, saying the AMA will work hard to convince Congress to approve a bill that does not compromise patient care or the trust of the physician-patient relationship.

"It's time to set the rhetoric aside and start looking at what we have to work with, and decide exactly what it is we must have and what we don't need," Dr. Todd said. "The medical profession has definite views on

how we think this process should unfold."

As the reform process turns to negotiations and compromise, Dr. Todd warned Congress that any plan calling for price controls, new layers of bureaucracy and overregulation will limit resources for patient care.

"Limits may be placed on the market forces that drive the kinds of vibrant competition we will need to sustain reform over a long period of time," he said.

Financing reform remains unclear, Dr. Todd said, adding any plan that relies heavily on Medicare and Medicaid cuts will threaten medical services for the poor and elderly "without providing the big bucks required to pay the bill."

He cited "the country's top economists," who warn that if anticipated savings fail to materialize," it will trigger deep reductions in medical services and destroy the promise of reform."

To find a "common ground" on reform, Dr. Todd said "it is essential that the discussion be constructive and nonpartisan and that all players work together to move the country toward consensus."



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- Special Feature: Two Views on Health Care Reform
- New This Month: Medical Milestones
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ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

as spring approaches and we see new life springing up before our eves from the sleeping earth, our cover features the work of an artist new to KANSAS MEDICINE, Stephen J. Miner.

Mr. Miner is a Wichita artist who graduated cum laude from W.S.U. in 1983, with a degree in fine arts (painting). He has had numerous exhibitions in Wichita and surrounding cities, and in Oklahoma. He utilizes many techniques to try to blend exact representation and free expression. In his words, "I am not content on merely imitating nature, but more elusively to capture the spirit as well as the form. . . . What the Chinese call Ch'i is the vital force in nature, a dynamic breath of life which cannot be measured or really described in words, but which 'surrounds man as water surrounds a fish.' "

The apple blossoms adorning our cover are a tribute to the most valuable fruit that grows on trees. The apple is the most widely grown of any fruit and perhaps one of the most nutritious. Besides providing the body with needed minerals and being rich in vitamins, it helps digestion by providing pectin and helps to cleanse the mouth and teeth. It is the main ingredient in that most American of all desserts: the apple pie.

Besides being good and good for us, the apple is an instructional aid in learning the alphabet and the source of pleasure in bobbing for apples on Halloween, biting the apple on a string or competing in the old apple race (pushing an apple

across the floor using one's nose).

We hope the old adage "An apple a day keeps the doctor away" will not deter any of our readers from enjoying the interesting contents of this issue of KANSAS MEDICINE!

Quo Vadis?

ealth care reform is the hot topic on everyone's mind these days. Broadcast news reports, magazine and newspaper articles, talk shows and general conversations are filled with the various plans and analysis of what they contain and don't contain.



Will there be universal coverage or universal access? Will there be a single-payor system, or multiple competing insurors? What will the basic benefit package cover? How will the plan be financed? Will there be free choice of physician? Will the plan consist of a big governmental bureaucracy like Medicare and Medicaid, or will there be more private involvement? Will the program be voluntary or mandatory? These are good questions, and as the debate is waged (we hope in good faith and with honest, selfless motives), the truth may emerge. At this point, there are no certain answers.

On the national scene, the Clinton Plan is the one most discussed. As presented, it would create a bureaucracy with the government in control of all aspects of health care. President Clinton has mentioned both Germany and Canada as models on which to base his plan. In an editorial in early February, the Wall Street Journal reviewed the German system, which has had problems, and in its last paragraph urged the government to take a serious and studied look at the German system again before recommending it as a model. This issue of Kansas medicine contains an article by Dr. John D. Moffat, a Canadian surgeon who recently emigrated to Liberal, Kansas. He is most familiar with the Canadian system, and his thoughtful and knowledgeable analysis presents a graphic picture of that system and what might lie in store for America if a similar system were adopted here.

Even the Democratic party is divided on the President's plan. Sen. Daniel Patrick Moynihan, Chairman of the Senate Finance Committee, which will handle the bill, stated on *Meet the Press* that there is no health care crisis, but there is a welfare crisis. He intimated that he might hold up the health care reform legislation until meaningful welfare legislation is proposed. He also characterized the financing method for the Clin-

ton plan as "pure fantasy." The Congressional Budget Office also dealt the plan a blow by designating the "premiums" as taxes and stating that the expenditures could not be taken off the budget.

Dan Goodgame, a bureau chief for *Time* magazine, in answer to a health care reform question on the television program *Equal Time*, said, "If the window is broken, you don't tear down the house, you fix the window." It is apparent that there will be a good deal of debate before anything solid emerges.

In Kansas, the "403" Commission (the Kansas Commission on the Future of Health Care), chaired by Dr. Bill Roy, has tendered its report to the Governor and the Legislature's Joint Committee on Health Care Decisions for the '90s. It resembles the Clinton plan in several ways. It too calls for a politically appointed full-time board that would have great power — possibly even dictatorial power — over health care in Kansas. In this issue of Kansas Medicine, Dr. Roy gives the details of the 403 Commission's findings. I would urge all physicians to obtain a copy of the 403 Commission's report and read it along with Dr. Roy's article.

Three issues not addressed by either the Clinton plan or the 403 Commission's report are tort reform; relaxation of the antitrust laws to allow joint ventures; and reduction of administrative paperwork, which now accounts for 25% of administrative costs. These plans might even result in more paperwork.

I would urge all physicians to familiarize themselves with the national and local health care reform bills. Your patients will be asking for your opinions and thoughts. They are being snowed under by conflicting information. At least they still trust us to tell them the truth, and we owe it to them to tell them how they will be affected by the proposed changes. We also have to know how these changes will affect the practice of medicine and the care we are able to render. I know of no physician who opposes reform of the system, but we should not throw the baby out with the bathwater!

Quo vadis? No one can predict what will be the end point, but for Kansans it will probably be "Ad Astra per Aspera." W.E.M.

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The State of the Kansas Medical Society

As this is the time of year for "state of . . ." messages, here is one for the Kansas Medical Society. We will integrate the national and state health care reform picture into this analysis, as well as the medical society's plans for a statewide physician network.



First we must note our superb staff in Topeka, without whom not only my job but the entire KMS operation would flounder. We report with great sadness for us — but great pleasure for Val Braun — that she has completed her tenure at KMS and is beginning what we hope will be a long and enjoyable retirement. We wish her all the best. And of course Jerry Slaughter continues his superb leadership, entering his 21st year at our helm.

On February 19, at the Executive Committee meeting, Cost Management Technologies delivered its report for the statewide physician network. This proposal covers marketing, delivery system, organization and management structure, and financing considerations — in short, a foundation upon which to build. On March 16, the report will be presented to the Future Task Force for its recommendation on whether to proceed.

I commend the 1993 House of Delegates, which established the Future Task Force and charged it with the task of looking into a statewide physician network. This forward-looking move should not only allow all KMS members across the state to work together for our special interest of quality care for our patients, but also help us to regain and maintain control of the delivery of medical care, rather than abdicating to bureaucrats, corporations and cost-obsessed accountants. This will cement physicians across the state, irrespective of specialty or location, into a cohesive force that no amount of political "cherry-picking" will be able to divide and conquer. This network may be our only chance to come together, as physicians, and develop a delivery system that is patient-centered, cost-effective and physician-friendly.

With the Kansas Legislature in full swing, none of us (especially Jerry and Chip) can rest comfortably. The "403" Commission, under the leader-

ship of Dr. Bill Roy, introduced its expected "single-payor" bill. Health and Environment Secretary Robert Harder introduced another bill, somewhat more moderate (though still bureaucratic). Neither is expected to be enacted, but watchful waiting is mandatory. Many other bills of interest to our members are in various stages. If you have questions regarding any of these, please refer to the *KMS Legislative Bulletin* or call the KMS office, 913-235-2383 or 800-332-0156.

Although President and Mrs. Clinton seem to be stalled on their proposed Health Security Act (HSA), the political ball remains in their court. The President and the First Lady continue to speak before many groups and extol the parts of the plan that appeal to each group's special interest. For example, prescription drugs and long-term care are promised for the elderly; early retirees' health care benefits, assumed by the government, are dangled in front of big business; and the all-inclusive nature of the benefits package and federal control of scope of practice are touted to ancillary provider groups.

It is clear, as the President has said, that all is negotiable — except universal coverage. (Interestingly, even Hawaii's "universal" medical care plan still leaves 6 to 8 percent of Hawaii's citizens uncovered.) No one has been able to provide details on how any of the "universal coverage" proposals would cover the many persons on the fringes of our society: homeless, excluded, aliens, unemployed. Even the IRS seems unable to find millions of us each year!

These remain exceptionally exciting times for medicine. The artificially contrived crisis atmosphere, both across our state and across the nation, seems to be the product of those bureaucrats who wish to impose martial law on the health care system and manage it bureaucratically. Let us continue to remind our legislators, patients and friends that ours is the greatest medical care system the world has ever known. Patients from around the globe come to the U.S. for treatment. Researchers and physicians from everywhere else come here to study and be trained.

Let us not allow the destruction of this superb system of care. Let us, by standing together, correct its problems and build an even better system.

Arthur D. Snow, Jr., M.D.

Necessity of Physician's Signature on Hospital Medical Records

WAYNE T. STRATTON, J.D., * Topeka

ansas regulations require that all medical orders be given by a physician and recorded in accordance with medical staff rules and regulations, per K.A.R. 28-34-6(g). Another requirement is that all orders must be signed or initialed by the at-



tending physician. In addition, regulations require that each entry into medical records be dated and authenticated by the person making the entry. Authentication of orders must be done within 24 hours, per K.A.R. 28-34-9a(f).

Intending no offense to those in the medical profession, especially since many attorneys are also guilty of having illegible handwriting, it is no surprise that dictaphones and electronic record-keeping have become prevalent methods for helping to keep medical records. Today, since many records are generated by computerized patient record systems, it may be more difficult to obtain the physician's signature for authentication of the record.

Currently some systems rely on auto-authentication. Under computerized record systems, physicians must review and correct transcripts from dictation within a specified time frame. If no corrections are made within that time, the record is "complete," and therefore auto-authenticated.

The Health Care Financing Administration (HCFA) and the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) are both concerned about auto-authentication because it merges authentication and

authorship. The organizations state that two steps are needed when dealing with transcribed material: authorship, which is the actual dictation; and authentication, in which the physician has a chance to review the material and add to it or make corrections, thereby insuring an accurate record.

Because dictated records may contain inaccurate information due to typographical errors or the transcriptionist's inability to understand what is being said on the tape, manual authentication to insure that the medical records are accurate and complete would insure proper patient care.

Of special concern when dealing with authentication is the requirement for hospitals participating in the Medicare program. Federal regulations require providers to mandate that medical records be accurate, promptly completed, filed, retained and easily accessible (42 C.F.R., 428.24). All medical record entries must be legible, complete and promptly dated and authenticated by the person responsible for ordering, providing or evaluating the provider's service.

Furthermore, HCFA has expanded upon the authentication requirements, specifically addressing the auto-authentication issue as to Medicare providers. HCFA recently stated that "failure to obtain a physician's signature with respect to the record in its final form constitute[s] a deficiency for the hospital requirement governing the authentication of medical records."

It is not impossible to visualize a situation in which an injured plaintiff claims that the injury occurred because of an erroneously recorded order. Under such circumstances, the requirements of regulatory law and the JCAHO and Medicare standards may be admissible as evidence of the standard of care. To avoid this potential liability, physicians are urged to read and sign such orders.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medicine, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

Doctors' Day: March 30, 1994

ear Physicians of Kansas, KMSA Doctors' Day chairman is Susan Concannon, from Beloit. Her husband, Craig, practices internal medicine. The following information, though the tale of only one physician, speaks as a tribute to all. We, as



spouses of physicians, celebrate you this day with love and pride. I hope you enjoy this information

gathered by Susan.

Cathy Wilcox

Doctors' Day will be celebrated nationwide on March 30. This annual observance gives each community an opportunity to show appreciation to you — their physicians. March 30 has been the date since 1933, when Doctors' Day was originated by Eudora Brown Almond, of Georgia. This date was chosen to honor the historic first use of ether as an anesthetic by Crawford W. Long, M.D., on March 30, 1842. With this in mind, I thought it would be appropriate to share with you a tribute to Dr. Charles W. Long, excerpted from a Southern Medical Association Auxiliary handbook on Doctors' Day:

"Crawford Williamson Long was born in Danielsville, Georgia, November 1, 1815. He studied medicine at the Transylvania University at Lexington, Kentucky, but after two years, transferred to the University of Pennsylvania at Philadelphia, from which he was graduated in 1839. It was during his early college days in Philadelphia that Crawford Long first learned of the exhilarating and soporific effects of nitrous oxide gas and ether. To further perfect himself after graduating, he spent eighteen months in New York hospitals where he witnessed great suffering in surgical operations without successful efforts to relieve pain. There is no doubt but that this influenced his desire to discover a means of alleviating this agony. In 1841 Dr. Long located in Jefferson, Georgia, which was a larger place than his home town of Danielsville. . . .

"Lacking present day methods of entertainment, 'laughing gas' parties were quite fashionable in the early 1800s. The inhalation of ether for its exhilarating effects became very popular with young men and women in many parts of the country. Crawford Long noticed that while under its influence, a person would receive falls or blows, yet have no pain from these accidents or remember their happening. He experimented on himself with the inhalation of sulphuric ether and discovered bruises and painful spots on his person which he had no recollection of causing. He became convinced that a person would become insensible to pain during surgery if sufficiently etherized. . . .

"On March 30, 1842, . . . in the presence of several medical students and other young men, sulphuric ether on a towel was administered to the patient, 21-year-old James Venable, for the removal of a tumor on the back of his neck. He inhaled the ether during the entire time of the operation. Having experienced not the slightest degree of pain, Mr. Venable was incredulous, and only when shown the half-inch in diameter cyst did he believe the tumor had been removed. . . .

"While he made no secret of what he had done and spoke freely of it wherever he went, it was nearly seven years after this history-making event before Crawford Long informed the medical profession of his findings of the use of ether as an anesthetic agent in surgery. During these years, he continued to cautiously experiment with ether as surgical cases occurred, with the view of fully testing its anesthetic powers. Dr. Long was an honor to the profession. His reticence of fame, his fine character and ethical conduct justified the very high esteem in which he was held by his colleagues."

Statue (right) of Dr. Crawford Long, in U.S. Capitol. Drawing reproduced by permission of American Society of Anesthesiologists.

GEORGIA'S TRIBUTE CRAWFORD · W · LONG · M D DISCOVERER OF THE USE OF SULPHURIC ETHER AS AN ANAESTHETIC IN SURGERY ON MARCH 30, 1842 AT JEFFERSON JACKSON COUNTY, GEORGIA U.S.A. "My profession is to me a ministry from God"

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Henry O. Marsh, M.D.: A Remembrance

J. MARK MELHORN, M.D., * Wichita

r. H. O. Marsh, who died in Wichita on July 12, 1993, will be remembered by many people for many things, including his smile, his energy and his characteristic bow tie. On the professional level, he will be remembered for his pioneering work in orthopedic surgery, and for the rigorous training he gave some 100 residents at the St. Francis Regional Medical Center Orthopaedic Residency Program in Wichita.

I first met Dr. Marsh in March 1980, while interviewing for this program. During the interview, I was grilled about every detail of my 300-word, hand-written autobiography. (The autobiography was one of many requirements for becoming an H. O. Marsh-trained orthopaedist.) During my interview, Dr. Marsh laid out his plan for my residency training and discussed his expectations of my performance, which clearly included tolerating nothing but the best I had to offer.

In his "Introduction Lecture," given on the first Friday of the new residents' first year, Dr. Marsh imparted in more detail his rules, guidelines and expectations, leavened with a little dry humor. These included:

- A warning regarding poor performance;
- His definition of "on time" (five minutes ahead of schedule);
- The concept that jobs assigned to you were your jobs until completed;
- The admonition that "I don't know" was not acceptable;
- Notice that his quotation of an article by journal or date meant we had to produce the article within 24 hours.

Most first-year residents left the lecture wondering if they could meet these stringent requirements, and fearing possible failure. Most fifthyear residents, on the other hand, had developed an air of confidence, having already been tested, and felt ready for their last year of growth under Dr. Marsh's supervision.

I was assigned to Dr. Marsh's service for my first three-month rotation in the residency program. Now, having long since survived that initial fear of failure, I look back on those months with warmth and appreciation. The first-year resident was nurtured and pampered by Dr. Marsh, whose questions were designed to motivate — and whose reinforcement was quick.

The fifth-year resident, despite his acquired confidence, might not fare so well. Every question was designed to probe for weakness or lack of understanding or commitment. At that stage, he was expected to be decisive. If Dr. Marsh felt a resident lacked commitment, was bluffing or seemed uncertain, that resident was bird bait. Dr. Marsh would say, "Who is going to hold your hand when you are in the operating room, by yourself, in a small town in Kansas? You have to be able to make decisions and act on them."

George Lucas, M.D., Dr. Marsh's successor as chairman of the Section of Orthopedics, Department of Surgery, at the University of Kansas Medical School-Wichita, recalled, "Dr. Marsh set a very high standard for himself in terms of a work ethic, and he expected no less from his residents. Although the residents probably felt that he was a stern taskmaster, I'm sure that most of them appreciated the development of good work habits in their later careers."

Teaching was at the core of Dr. Marsh's professional career, and the graduation of good orthopaedic physicians was his source of pride. During surgeries, he would speak warmly about former residents he had seen at meetings. I could sense a fatherly pride as he talked about "his boys." (At that time, there were no "girls" in the program.) He seemed to feel this same sense of accomplishment when a resident would mention a new technique or theory that Dr. Marsh had not yet read about.

In fact, in an August 1987 interview published by the Fabrique Society, Dr. Marsh said the most gratifying aspect of his career was meeting former residents out in practice. "They tell me how good

^{*}Address correspondence to Dr. Melhorn at The Hand Center, 625 N. Carriage Parkway, Suite 125, Wichita, Kansas 67208.

The author wishes to express his appreciation to Peggy Gardner, Ph.D., St. Francis Regional Medical Center; the St. Francis Department of Public Relations; and the Fabrique Society, Physician Alumni Association, St. Francis Regional Medical Center.

their training was, and how they feel better able to practice than people from, shall we say, more prestigious places," he said. "And one other gratifying thing is the contact with bright young physicians whom I educate, and who also educate me."

I soon came to realize that for Dr. Marsh, the patient came first, the resident came second, hunting birds came third, and the other aspects of his life came fourth.

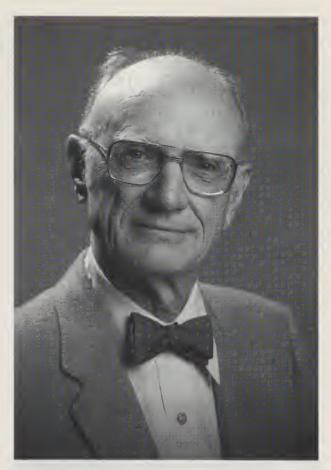
Henry Oakes Marsh was born in Maywood, Illinois, on February 17, 1918. He received his M.D. degree at the University of Illinois College of Medicine in 1943, followed by postgraduate work at Tulane University College of Medicine, an internship at Cook County Hospital in Chicago and service as an Army major during World War II.

Orthopaedic surgery was in its beginning stages when two of the leading orthopaedists in this region, Drs. Charles Rombold and H. O. Anderson, recruited Dr. Marsh to St. Francis Hospital as a preceptor in 1947. Two years later, Dr. John F. Lance followed as the second preceptor. Performing orthopaedic surgery was an arduous task in the late 1940s. Hip fractures were treated with hip nailing. The "blind" procedure was done with the help of x-rays. A technician would take an x-ray from surgery down the hall on the third floor to the elevator, ride with it to the first floor, run down another hall to the laboratory, develop the film in about five minutes and run back up to surgery. If the x-ray showed the pin was not in the proper place, the procedure was repeated.

One day when the air conditioning system was not functioning, I made a comment about the temperature, and Dr. Marsh related a story about conditions when he started working. There wasn't any air conditioning then and, on hot days when the windows were open, flies could frequently be found in the operating room. I got the hint and didn't complain about the temperature — or sterile technique — again.

Dr. Marsh gained insight into orthopaedics during the 1950s, as the attending physician for most of the polio patients at St. Francis. During the peak of the epidemic in 1952, he treated more than 400 patients.

In 1960, Dr. Marsh became chief training officer for orthopaedics. At that time, the three-year program offered only 13 lectures a year. Under Dr. Marsh's direction, the program grew to a five-year residency affiliated with other medical centers as well.



Henry O. Marsh, M.D.

With the 1970s came the arrival of total joint surgery, just one of many breakthroughs Dr. Marsh experienced in his distinguished career. In 1987 Dr. Marsh said of the improvements in the field, "In 30 years, we'll probably look backward and say how crude our efforts were, but now we think we're very sophisticated!"

In 1982, the Mid-Central States Orthopaedics Society established four grant awards for scholarly research papers presented by orthopaedic residents. In 1987, Dr. Marsh and Dr. David McQueen (one of his previous "boys") were instrumental in establishing the Orthopaedic Research Institute at St. Francis. The ORI was founded to offer research opportunities for residents and to be a comprehensive resource program for physicians across the nation.

Dr. Marsh received many honors during his long career. He was the Fabrique Society 1987 Alumnus of the Year, a diplomate of the American Board of Orthopedic Surgery, a member of the American Academy of Orthopaedic Surgeons,

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- 1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
- 2. Goodman, Gilman The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
- 3. Weekly Urological Clinical letter, 27:2, July 4,
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and professor emeritus and chair of orthopaedics at the University of Kansas School of Medicine-Wichita. He retired as program director of the Orthopaedic Residency Program in December 1988, but remained involved with the program until 1992. He served as orthopaedic consultant to the V.A. Medical Center until August 1992. The H. O. Marsh Education Fund, a part of the St. Francis Foundation, was established by Dr. Marsh in 1989 for the benefit of the Orthopaedic

Residency Program.

Joseph C. Meek, M.D., Dean of the University of Kansas Medical School-Wichita, characterizes Dr. Marsh as "an outstanding medical educator who is well remembered for his support of the development of the clinical campus of the University of Kansas in Wichita. Prior to the development of this campus," Dr. Meek observed, "he had established a residency program in orthopedic surgery that had attained national recognition. The Section of Orthopedic Surgery became a vital part of the Department of Surgery as the clinical campus developed. Subsequently, the medical students received valuable educational rotations in orthopedic surgery, and the faculty and residents in the orthopedic program rapidly became an asset to the University of Kansas School of Medicine. Dr. Marsh displayed a commitment to medical education in the Wichita community that will be long remembered."

Dr. Marsh's effect on the field of orthopaedic surgery is difficult to measure, but can be easily grasped by considering the impact that his 100 orthopaedic residents continue to have on their patients, their colleagues and their students.

The Canadian Health Care System: From Masterpiece to Mess

JOHN D. MOFFAT, M.D., * Liberal

he growing interest in health care reform has spawned a number of plans, some of which bear more than a passing resemblance to the Canadian health care system. As a recent refugee from the Canadian Universal Care System, I follow the proceedings, both nationwide and here in Kansas, with considerable interest. Central to each plan is cost containment. This is an incredibly difficult problem in a world of burgeoning technology, rising expectations and aging populations.

This combination of guaranteed universal care without full appreciation of the implications of such a system has led to the progressive downfall of the Canadian health care system. The result is restricted access to health care and a shortage of new technology. A brief narrative report on the rise and fall of the Canadian system may therefore be of interest to physicians here in the United States.

How the System Is Funded

Canada's health care system is premised on universal access, with no restriction to medical care on the basis of ability to pay. This noble undertaking began more than 30 years ago, and over a period of years spread to the entire country. But the once-brilliant scheme is crumbling, and what was once a masterpiece is now a mess. Why did this happen?

Canada's mistake was thinking that health care could be supported completely by taxation, and efficiently government-administered (is that possible?), without the critical ingredient of individual patient fiscal responsibility. Canadian patients never see a bill. We are now seeing a third generation in which most Canadians have no concept of the cost or value of good health care. Ask the average Canadian if automobile or housing prices have increased over the past 20 years, and he or

she could quote specific figures. Ask that same person the cost of anything medically related, such as an emergency room visit or a CT scan, and they will be unable to answer.

Canada supports health care with taxes, plus employer contributions. Canada is the highest-taxed country of all G7 nations. Employer contributions amount to 2% of gross (not net) revenues, including self-employed individuals. The top marginal tax rate approximates 57%, along with a federal sales tax on all goods and services of 7%. In Ontario, traditionally the richest province, there is a provincial sales tax on all goods, meals, etc., of 8%. A surtax "on all higher income earners" of 20% is added to the provincial income tax. Total taxes in Ontario thus exceed 70% of all taxable income.

Despite all the revenues generated, Ontario this year had a projected \$18 billion deficit. Health care expenditures account for one-third of all provincial expenditures, translating into \$6 billion of deficit funding in the Ontario health care system — all of this for a population of 8 million people.

Health Care Delivery

A brief description of the Canadian health care delivery system is needed to comprehend the faults that are leading to its downfall. Hospitals are funded "globally," based on historical data. Simply put, an envelope of money arrives annually to cover all hospital expenses. The government plan does not receive, nor does it pay, itemized expenses for in-hospital care. As you can imagine, this funding becomes subject to manipulation by government agencies and funding increases are chronically less than the rate of inflation. Fewer than 10% of all Ontario's hospitals actually balanced their budgets last year. This has led to drastic cuts in services and restricted technology. Most reductions have occurred in the most expensive area of hospital care, that of inpatient services. Despite occupancy rates in most hospitals surpassing 90%, entire wards are being closed to reduce the costs of staffing and supplies.

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What Went Wrong

My 12 years working as a surgeon within this system gave me special insights into its frailties, not seen by most Canadians, and certainly not admitted to by politicians.

The Canadian people, through no fault of their own, have allowed this to happen by being lulled into a false sense of security with regard to their health care delivery system. This situation has arisen not from malicious misuse of the system, but mainly from ignorance. It has been fostered by politicians who have failed to admit that the delivery of "free" health care is financially impossible. Those politicians find it in their best personal interests to continue to direct the blame away from the system itself, and away from the participants in the system (voters), towards physicians — who are now being labeled as the perpetrators of the demise of the Canadian health care system.

One very significant difference between Canadians and Americans is that Canadians have been "conditioned" over the past two generations to wait to receive health care. In fact, anecdotes recounting long delays abound within the system. These two examples might be worthwhile:

- Waiting lists for critical coronary bypass surgery often exceed three to six months. Hip replacements often are booked six months to two years in advance, depending on locale. The delay for cataract surgery in the center where I recently practiced was approaching I8 months. Access to technology is also restricted. Bookings for magnetic resonance scanning are often made four to six months in advance as an outpatient, and frequently as long as four weeks as an inpatient. Areas of high expense, such as operating rooms, are frequently arbitrarily closed for weeks and sometimes months at a time in order to make an attempt to balance budgets within the hospital sector.
- University Hospital in London, Ontario, once a brilliant teaching research and transplant hospital where I trained, has closed more than 15% of its beds, despite waits for some procedures

approaching years rather than months. This particular hospital has been unable to buy new equipment for the past four years, due to budgetary restraints. Once-powerful teaching institutions such as this, which underpin the entire medical delivery system in Canada, are being reduced to mere shadows of their former selves.

Canadian physicians have not only found themselves in a position of blame, but have also been mandated by both federal and provincial governments to be the "gatekeepers" of this system, deciding who should receive what level of care. To most of us who have trained in the medical field, that was certainly never our intent. Having been faced with these alternatives, my choice was to leave my country of birth, my friends, my family, and my very busy surgical practice.

Attempts to Clean Up the Mess

Interestingly, in Ontario within the last two years, the government has finally realized the severity of the situation, and as a final desperate attempt to shore up health care delivery, premiums are now geared to income for self-employed individuals. Two percent of gross income (not net) has been designated as a health care tax. This is already in light of the previously mentioned taxes. The Canadian federal government treats this as a non-deductible expense, incurred at the provincial level, and therefore not tax-deductible.

Higher premiums are now being paid into this "universal" health care system by high-income earners for the same mediocre level of access as

the indigent and the poor receive.

There is an old adage I have found to hold true in medicine. If you think you have a new idea or a critical breakthrough, you are wise to check the literature first. America has only to look north to realize that Canada has had 30 years of socialized medicine, the system is failing, and the future looks grim.

Is there room for improvement in the American system? Definitely yes. Should Americans attempt to emulate the system that is presently functioning (or failing) in Canada? A resounding no!

The Kansas Specific Health Plan

BILL ROY, M.D., * Topeka

erhaps you have heard of the Kansas Specific Health Plan, which was presented to the Governor and Legislature in January by the Kansas Commission on the Future of Health Care, Inc. If you have heard of the plan, you probably have heard it characterized in many ways. This short article is an attempt to answer some of the questions I would expect practicing physicians to have, namely: who is the Commission, what was the process, and what are the provisions of the plan? Doctors will also ask: is it good for me, and is it good for my patients and my state? And even if it is good for all of us, is it feasible?

Who Is the Commission?

Eleven Kansans (four women and seven men), an executive director and a secretary. Seven of the commissioners were appointed by the Governor from three nominees of organizations named by the 1991 law that created the commission. The other four were appointed by the majority and minority leaders of the Kansas House and Senate.

Seven of the 11 commissioners are health care professionals, including three physicians, of whom one represents the Kansas Medical Society and another represents the Kansas Association of Osteopathic Medicine.

What Was the Process?

The process was mandated by the legislation. We had 25 general public hearings and 25 more meetings to ascertain the social values of Kansans. We used a small group process and two exercises for this purpose. We had seven meetings last fall to present our final plan to citizen groups.

Because our attendees were self-selected, our samplings were not statistically valid, but we did learn that those attending wanted universal coverage, comprehensive benefits, quality care (which they say they are now receiving), choice of provider and the right to decide their own care. They

are willing to give up the right to sue as long as they are assured of quality.

We also learned that four of every five Kansans believe the present system is seriously flawed. This was confirmed by the Kansas poll (83%) commissioned by Blue Cross and Blue Shield, and made public on February 3, and by an earlier Wichita *Eagle* poll.

We met 28 times on a monthly basis and had three additional retreats — about 150 hours — with eight to 11 commissioners present. We also made periodic reports to the Governor and the Legislature's Joint Committee on Health Care Decisions in the '90s. We had hearings, first listening to the Kansas Medical Society, Kansas Hospital Association and Blue Cross and Blue Shield. We then heard or studied the processes and actions of other states seeking state reform, as well as federal reform proposals. We drew up 10 criteria by which to judge health care reform proposals, particularly our own.

In early 1993 we began considerations of a final Kansas plan to be presented to the Governor and Legislature. Draft after draft was considered, and all issues were voted upon by the commissioners present — with due process for those who were absent. As a result, the final plan was the work of all — including Merrill Wertz, representing the Kansas Chamber of Commerce and Industry, and Stan Regier, representing the Kansas Hospital Association, who did not support the final report. Their minority report was included with the majority report.

What Are the Provisions of the Plan?

While the commission spent several meetings discussing financing and benefits, and presented examples of each, we concluded that the financing of the system and standard benefits must be federally mandated in a universal system.

The commission does support an individual mandate similar to that in the U.S. House and Senate Republican plans. We conclude it is desirable to decouple payment from employment for reasons of choice of provider, portability of benefits, and potential undue burdens on small em-

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ployers. We also realize that with individual mandate there are problems of compliance by everyone and maintenance of present employer contributions.

The commission supports patient copayments (varied by ability to pay) in order to diminish overutilization, raise money, and improve compliance based on value for value.

The commission concluded that with or without global budgets or premium caps, budgets will be squeezed by adding the uninsured and by continuing technologic advances. For these reasons, the maximum number of dollars possible should be made available to physicians and other providers for patient care. This means spending as few dollars as possible for administrative costs which are the result of public or private regulations.

The commission recognizes that the health care decision maker is the party at financial risk. Doctors are more and more practicing insurance rather than practicing medicine.

The commission plan restores free choice of provider to care-seekers and clinical autonomy to physicians and other providers. It accomplishes this by direct payment of providers and placing providers at financial risk (which may be limited by coinsurance or reinsurance) so they can make medical decisions within the resources available.

Direct payment can be made by corporate alliances and regional alliances as proposed by the Clintons, or by health care purchasing cooperatives. There may be many payors; there may be a single payor. However, the commission decided (as the Kansas Employers Coalition of Health, and as far as I know, every other Kansas group that has looked at it has decided) that Kansas needs only one health alliance.

Health care reform is a moving target. Health care purchasing cooperatives may be the future purchasers, and there may not be mandatory alliances. However, this does not change the potential great financial and clinical benefits from direct payment of providers versus paying insurance companies to organize, discipline and pay providers

Doctors may be paid on a fee-for-service or a capitation basis. Payment by capitation requires organized health care groups, preferably HPOs (health care provider organizations), whereby physicians, hospitals and other providers receive the capitation payment and accept the responsibility to deliver the benefits prescribed.

Such HPOs or health service networks (an American Hospital Association term) must have

financial stability, as well as the clinical resources to provide the services. These criteria would be subject to state regulation, but nearly all other decisions can and should be made internally, without any public or private body being prescriptive about such decisions.

The controlling principle of the Kansas Specific Health Plan is direct payment of providers, rather than the payment of insurers to pay providers. This principle is based on the immutable fact that whoever is at financial risk will make the clinical decisions. The plan is not an insurance model. It makes no difference how many primary payers there are; it *does* make a difference what they do, i.e., how they pay providers.

Is It Good for Me, the Practicing Physician? The financial results would not be the same for each physician, even though total payments to physicians would be maximized because more dollars for medical care would be available.

The Kansas Specific Health Care Plan gives physicians the chance to have patients again, rather than insurance companies and employers having patients whom they channel to physicians based primarily on financial considerations.

It gives physicians the chance to recover clinical autonomy, rather than be told by third parties who are at financial risk what services to provide, where to provide them, and with whom to consult. Sadly, this may no longer be important to physicians who have become inured to practicing insurance rather than medicine.

Personal care physicians would probably fare best because patients would have their choice of physicians. If local community health service networks become dominant, supply and demand may pace physicians in overstocked specialties at some risk. Also, physicians who have been especially skilled at consorting with the insurance companies may lose their administrative, political and financial dominance.

If 95 to 98 cents out of the dollar go to medical care, rather than 75 to 90 cents under the insurance model, how can physicians and their patients fail to benefit?

Is It Good for My Patients?

Yes, because patients will again be able to choose their own physician, and medical decisions again will be made by the patient and his or her physician, rather than by some distant insurance company whose prime consideration is their bottom line.

We believe Kansans would choose whether to receive their care from fee-for-service physicians or from one or another local community health service network based on: where their physician practices; their perception of quality; convenience; and the basis of additional benefits which might be offered by an efficient health service network. Total choice, limited only by financial considerations, would be provided by required point of service referral by health service net-

The system would be competitive (and require minimal regulation) because people could vote with their feet, i.e., go elsewhere, if they do not receive good medical care. It would also be competitive based on efficient health service networks offering additional benefits which would have an actuarial value.

Is It Good for the State?

If Kansas can have the best health care system of the 50 states, it will not only be a good place to live, it will also attract business and industry. We are convinced the quality of each state's health care system will be the result of how well all parties work together.

Is It Feasible?

For the plan to be feasible, any federal law must permit state options. While this appears likely, it is far from certain. However, if there is a state option provision, it will likely permit waivers to include Medicare and ERISA employer programs in the state plan, thus allowing nearly all Kansans to be participants in the state plan. This will be a major benefit to both hospitals and physicians, particularly in rural areas that have many Medicare recipients.

What about insurance company opposition? It will probably not go away because all insurers even those not in the health insurance business oppose a narrowing of the insurance base.

But realistically, any arrangement of purchasing cooperatives, which seems the minimum likely to occur, cuts out local insurance agents and brokers. Buyers for large numbers of people in the insurance model will go directly to companies and not to the Yellow Pages to purchase insurance.

Also, managed competition among insurers will quickly put the nation's \$1.5 trillion to \$2 trillion health care industry into the hands of five to 10 commercial insurers which will be financially at risk and will run the system. There is no Kansas company, with the possible exception of

Three Key Questions Asked by Doctors

Q: Is the commission's plan a single-payor plan?

A: The commission's plan is distinguished by the direct payment of providers, rather than the payment of insurance companies to organize, pay and discipline providers. The purpose is to minimize administrative expense and hassle, and to get 95 to 98 cents out of every dollar (versus 75 to 90 cents with the current insurance model) and into the hands of physicians, hospitals and other providers of care to patients.

The commission, consistent with everyone with whom they have conferred, believes the state should have only one health alliance, if federal legislation mandates one or more alliances. But the number of payors is not the question; rather, how they pay providers is the important factor. The state may have multiple voluntary health care purchasing cooperatives

and have direct payment of providers.

The commission's recommendation of direct payment of providers (fee-for-service and capitation) is based on the recognition that whoever is at financial risk will make the decisions, including both payment and clinical decisions, in the health care system. This occurs today and is an immutable economic principle. The plan represents an effort to restore clinical autonomy to physicians.

Q: What legislation is proposed to carry out the commission's plan?

A: None to specifically implement the plan. The commission believes its state plan cannot be implemented without federal action regarding financing and standard benefits.

O: But didn't the commission propose legislation?

A: Yes. It recommends an entity (council) to perform five primary duties. However, legislation to establish a Kansas Health Council is not an action to implement or even "buy into" the commission's Kansas Specific Health Plan, which was presented to the Governor and Legislature on January 20.

The proposed council is to monitor federal actions and make recommendations for legislation for Kansas to implement a state-specific plan (versus a federal one-size-fits-all plan), if such option is available and deemed to be in the best interests of the state. The council is to review data and report inadequacies to the Legislature; to convene advisory committees; to make recommendations regarding malpractice insurance reform and antitrust reform; to define and prepare to certify local community health service networks which can be paid directly on a capitation basis. And the Legislature may require such other duties as they consider to be in the state's best interest.

We believe the advisory committees are particularly important because if any reform is to be successful there must be a much greater consensus than exists



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Blue Cross and Blue Shield, which can compete. The commission's plan should be politically feasible when the public, physicians and hospitals understand that managed competition — as expressed by the Heritage Foundation — puts all health care in the hands of a few insurance cartels. In sum, the direct payment of physicians, hospitals and other providers, which is the primary concept of the Kansas Commission on the Future of Health Care, Inc. plan, is good for patients, good for doctors, good for our state, and feasible — if there is an in-depth understanding of the stakes by the decision-makers of Kansas.

There is no perfect solution for providing health care to all Americans because inevitably the cost of possible beneficial care will outstrip resources. But Kansans have a unique opportunity to choose the best system possible for themselves and their descendants.

Kansans cannot accomplish much in the health care area without active physician participation and finally active physician support. Physicians again must realize and reassert their preeminence in medical care on behalf of their patients and their state.

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Pulmonary Barotrauma in a Mechanically Ventilated Patient with Solitary Head Injury and No Other Predisposing Factors

FRANCIS S. LEE, M.D.,* BRAD BASINGER, M.D.,† AND PAUL B. HARRISON, M.D.§

entilator-induced pulmonary barotrauma (PBT) is defined as a manifestation of pulmonary interstitial emphysema, pneumomediastinum, pneumoperitoneum, or subcutaneous emphysema, or as a life-threatening pneumothorax or tension pneumothorax developing in ventilator-dependent patients. Improved ventilators and more appropriate utilization have resulted in fewer cases of PBT. In addition to a review and discussion of the literature, in this paper we present an unusual case of ventilator-induced PBT in a young male with no obvious predisposing factors.

Case Report

A 20-year-old Hispanic male was driving at 10 to 15 miles per hour down a crowded street when a brick thrown through the passenger-side window hit his right temple. He brought the car to a stop and was driven to a nearby trauma center. He ambulated independently to the examination room, where his mental status deteriorated rapidly. During a quick initial evaluation, the patient had only a small amount of bleeding at the right temple, with some edema, but no other injuries. A stat computed axial tomography (CAT) scan of the brain was ordered, and a right-side epidural and subcutaneous hematoma were noted (Figure 1).

At the CAT scanner, the patient lost consciousness, and intubation was performed without difficulty. He was taken to the operating room for an immediate craniotomy and admitted to the surgical intensive care unit after a successful evacuation of the hematoma.

On the third postoperative morning, the chest

radiographs were normal. However, in the afternoon the patient became symptomatic from a large subcutaneous emphysema, and pO₂ changed from 203 mm Hg to 65 mm Hg. The ventilator settings were a rate of 8, FiO₂ 30%, tidal volume 650 ml, and 0 positive end respiratory pressure. Positive inspiratory pressure measured every hour ranged from 18 to 36 cm H₂O. Chest films indicated 5 to 15% bilateral pneumothorax, subcutaneous emphysema and pneumopericardium (Figure 2).

Bilateral chest tubes were inserted and attached to suction, with immediate improvement of arterial blood gases (ABG). Pre-chest tube ABG was pH 7.44, pCO₂ 32 mm Hg, pO₂ 65 mm Hg, O₂ saturation 93%. Post-chest tube results were pH 7.45, pCO₂ 43 mm Hg, pO₂ 203 mm Hg, and O₂ saturation 99% (Figure 3).

The chest tubes were removed five days later with no recurrent PBT. The patient subsequently had a tracheostomy. He died of deteriorating neurologic status four months later. Autopsy report showed essentially normal lung with no gross abnormality in the trachea, carina or bronchi.

Pathophysiology of Pulmonary Barotrauma Macklin and Macklin² demonstrated that pulmonary interstitial emphysema can occur due to the rupture of the common border of the alveolar base and the vascular sheath. The pressure gradient between the alveolus and the vascular sheath contributes to development of interstitial emphysema from the alveolar rupture.³

Since the previous initial postulation, many technical advances have been established in daily management of critically ill patients, in order to prevent alveolar rupture. New ventilator technology promised life-saving therapy for patients in respiratory failure, but for the unfortunate few who developed pulmonary barotrauma, mortality rates of 9 to 35% or more were encountered. Mortality rates were particularly high for patients

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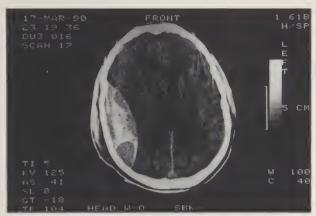


Figure 1. CAT scan showing right-sided epidural and subcutaneous hematoma.

suffering from underlying status asthmaticus.⁴⁻¹⁰ Therefore, many researchers tried to find the exact cause of PBT; however, the following predisposing factors uncovered after years of study do not completely explain the sudden development of PBT in these patients.

Peak airway pressure (PAP) is most frequently cited as the principal risk factor contributing to barotrauma. In general, the higher the PAP, the more likely that patient will develop PBT. PAP of 50 cm H₂O or less apparently did not contribute to development of PBT in a previous study.¹¹

Positive end expiratory pressure (PEEP) is associated with an increased risk of barotrauma. Studies by Zwillich et al. 12 and de Latorre et al. 13 have postulated an increased risk of PBT with usage of high pressure PEEP. Petty and Fowler 14 showed that maximal therapeutic PEEP is 5 to 15 cm H₂O. Pressures greater than this may predispose to increased risk of PBT.

Several underlying disease states cited in the review article by Haake et al.¹¹ may contribute to development of barotrauma. Necrotizing pneumonia due to staphylococcus, pseudomonas, or both was cited as a dominant factor in barotrauma. Also, other studies indicated aspiration pneumonia and chronic obstructive lung disease to be the etiological factors in developing barotrauma.^{13,15}

Discussion

Kumar et al.¹ reported a 10% incidence of PBT in a group of acute respiratory failure patients. However, they noted underlying pathology (such as chronic obstructive pulmonary disease) as the main predisposing factor in development of PBT. Six years later, from the same intensive care unit,

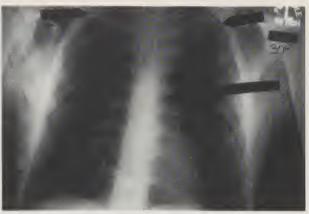


Figure 2. Bilateral pneumothorax, subcutaneous emphysema and pneumopericardium.

Cullen and Caldera¹⁶ reported a much smaller incidence (0.5%) of PBT in critically ill patients with respiratory failure. Cullen and Caldera credited refined ventilatory practices and the use of intermittent mandatory ventilation, along with sedation of the patients on the ventilator, for contributing to a greatly decreased incidence of PBT in this group of patients. They also asserted that PBT is more likely to develop in a patient with



Figure 3. Chest radiograph following tube thoracostomy.

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underlying lung pathology and other predisposing factors.

Predisposing factors in development of PBT were also postulated by Peterson and Baier,¹⁷ in their study of medical intensive care patients with primary lung pathology leading to respiratory failure. Their study showed an 8% incidence of PBT, and data supported underlying lung disease as a main factor in development of PBT. Patients with peak inspiratory pressure greater than 70 cm H₂O were shown to have a 43% chance of developing PBT, leading to the conclusion that increased airway pressure adds to the risk for PBT.

Our patient exhibited no obvious underlying pathology. The admission and subsequent chest x-rays prior to development of PBT did not suggest any obvious abnormality. Another possible predisposing factor in developing PBT is PEEP greater than 10 cm H₂O; however, the patient did not have any PEEP in his ventilator setting. Other predisposing factors including lung pathologies such as necrotizing pneumonia, aspiration pneumonia, and COPD were not present in this patient during the time the barotrauma manifested itself. The patient died four months after the accident. Autopsy indicated no significant pulmonary pathology, with no blebs or bronchial tear, according to the medical examiner's report.

The development of pulmonary barotrauma manifested by bilateral pneumothorax, significant subcutaneous emphysema, and pneumomediastinum suggests that PBT can occur regardless of the presence of obvious predisposing factors. Therefore, we recommend close surveillance of every ventilator-dependent patient. Frequent physical examination of the patient, including daily chest x-rays, arterial blood gas measurement and ventilator setting checks with frequent PAP measurements, are essential in prevention or early detection of this serious complication.

REFERENCES

A complete list of references is available from Dr. Lee.

Needle Localization of Pulmonary Nodule for Thoracoscopic Resection

DAVID BRAKE, M.D.,* AND JOSEPH E. R. HAGMAN, M.D.,* Wichita

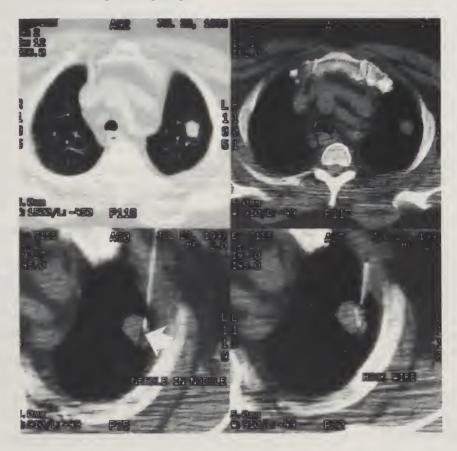
64-year-old female with a three-year history of stage II, node negative, ductal carcinoma of the right breast and incidental right kidney carcinoma presented for a chest radiograph as follow-up to adjuvant tamoxifen therapy for the breast carcinoma. The chest film showed a 1.5 cm nodule in the apex of the left lung. Primary considerations were metastatic carcinoma from the breast, metastatic renal carcinoma, and a pulmonary neoplasm. Percutaneous, skinny needle biopsy was not definitive. A consulting pulmonologist recommended thoracoscopic biopsy with excision, if possible.

Radiographic Needle Localization

At the request of the thoracic surgeon, a percutaneous localization needle was placed preopera-

tively, using CT guidance. The technique was similar to that of needle localization of a breast nodule by mammographic films. The same type of needle (Kopan's) was introduced, and the hook was released within the nodule. During surgery the hook needle marked the site of the lung nodule in the collapsed lung, making endoscopic excision relatively easy. This technique increases the efficiency of minimally invasive thoracic surgery. Subsequent analysis resulted in the diagnosis of metastatic renal carcinoma.

*Dept. of Radiology, UKSM-Wichita Address correspondence to Dr. Brake at Dept. of Radiology, UKSM-Wichita, 1010 N. Kansas, Wichita, Kansas 67214.



Hantavirus Pulmonary Syndrome: Kansas, 1993

he first laboratory-confirmed case of hantavirus pulmonary syndrome was reported to KDHE in December 1993. A previously healthy 34-yearold woman, who was 14 weeks pregnant, was admitted to a rural Southwest Kansas hospital in October with flu-like symptoms including fever, myalgia, malaise, headache and cough. The symptoms had begun four days prior to admission. She was found to be slightly hypotensive, hypoxemic and tachycardic. Laboratory data showed an elevated white-cell count with a left shift, hemoconcentration and thrombocytopenia. Sequential chest radiographs showed a progressive bilateral pulmonary infiltrate, consistent with adult respiratory distress syndrome (ARDS). Symptomatic treatment was unsuccessful, and the patient died approximately 20 hours after admission. Hantavirus infection was confirmed by the Centers for Disease Control and Prevention (CDC) on specimens obtained at autopsy.

As of January 5, 1994, 53 laboratory-confirmed human cases have been reported in the United States since September 1990, from 14 states (see figure). Case-patients ranged in age from 12 to 69 years (median: 31 years); 30 (57%) were male; 26 (49%) were Native Americans; 22 (42%) were non-Hispanic whites; 4 (8%) were Hispanic; and 1 (2%) was black. Thirty-two (60%) case-patients have died.

Clinical findings were similar to those reported in the Kansas patient. Early symptoms usually included fever, myalgia and respiratory symptoms, followed by the acute onset of ARDS. On admission, 12 of 17 (71%) patients in one study had hemoconcentration, and 13 of 17 (76%) had thrombocytopenia. Recovery in survivors has been without sequelae.

Hantaviruses in northern Europe and Asia have characterized by fever and renal failure (case-fatality rate of 1%) and a more severe illness characterized by fever, renal failure, hemorrhage and shock

been associated with both a mild form of illness

(case-fatality rate of 5 to 15%). This most recently identified hantavirus differs from other known hantaviruses by its high case-fatality rate, association with respiratory illness, and absence of primary renal failure.

Hantavirus pulmonary syndrome has been associated with activities that bring humans into contact with infected rodents. The deer mouse, Peromyscus maniculatus, found in rural areas of the U.S. (except the Southeast U.S.), is believed to be the primary reservoir for this hantavirus. Infected mice shed the virus in saliva, urine and feces, and do not become ill. The Kansas patient lived in a rural area of Southwest Kansas and was likely exposed to infected mice in her home through cleaning and subsequent aerosolization of virus. Mouse droppings had been found daily

SCREENING CRITERIA FOR HANTAVIRUS PULMONARY SYNDROME IN PERSONS WITH UNEXPLAINED RESPIRATORY ILLNESS

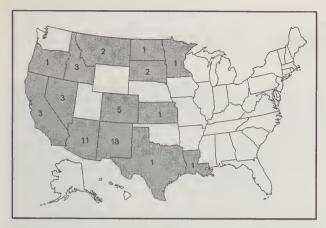
Potential case-patients must have one of the following:

- A febrile illness (temperature ≥38.3° C) occurring in a previously healthy person characterized by unexplained adult respiratory distress syndrome; OR bilateral interstitial pulmonary infiltrates developing within I week of hospitalization with respiratory compromise requiring supplemental oxygen.
- An unexplained respiratory illness resulting in death in conjunction with an autopsy examination demonstrating noncardiogenic pulmonary edema without an identifiable specific cause of death.

Potential case-patients are to be excluded if they have any of the following:

- A predisposing underlying medical condition; e.g., severe underlying pulmonary disease, solid tumors or hematologic malignancies, congenital or acquired immunodeficiency disorders, or medical conditions (e.g., rheumatoid arthritis or organ transplant recipients) requiring immunosuppressive drug therapy (e.g., steroids or cytotoxic chemotherapy).
- An acute illness that provides a likely explanation for the respiratory illness (e.g., recent major trauma, burn, or surgery; recent seizures or history of aspiration; bacterial sepsis; another respiratory disorder such as respiratory syncytial virus in young children; influenza; or legionella pneumonia).

Reported by Hubert C. Peterson, M.D., Southwest Medical Center, Liberal; Lori Richardson, ANRP, Morton Co. Health Dept., Elkhart; and the Epidemiology Section, Bureau of Disease Control, KDHE.



Confirmed hantavirus pulmonary syndrome cases (n = 53), United States, through January 5, 1994.

in her home, and she had handled dead mice in the six weeks prior to her illness. Minimizing human exposure to mice and rodent excrement and reducing rodent populations in human environments is the best approach for preventing additional cases. Person-to-person or arthropodborne transmission of hantaviruses has not been documented.

Screening criteria for hantavirus pulmonary syndrome have been developed by the CDC (see table). Cases meeting these criteria should be reported to the Kansas Bureau of Disease Control (BDC) at 913-296-5586. An antiviral agent, ribavirin, is currently undergoing investigation by CDC for therapeutic efficacy against hantavirus pulmonary syndrome. Physicians who want to enroll patients meeting the screening criteria should call the BDC, whose staff may be reached nights and weekends at 913-271-5813 or 913-272-4166. Additional information on rodent control is available from local health departments and the BDC.

MEDICINE AND COMPUTERS

(Continued from page 76.)

The database is fairly simple and is limited to about 4,000 characters per record. Although a "note" field can be included, this does not have the same functionality as the note field in the HP 100LX hand-held computer or computer databases such as dBase.

The built-in spreadsheet is very easy to read and to use. Multiple spreadsheets can be set up for a variety of short lists: automobile mileage, patient visits, expenses, time log, etc. It then becomes a simple matter to "hot-key" from one spreadsheet to the next for rapid data entry.

Comments

If you are uncertain that pocket computing is for you, but want to give it a serious try, consider the Psion. Create a database for telephone numbers and another for scraps of information. Set up a spreadsheet for patient name, date and short note and another spreadsheet for expenses or mileage. Use the agenda function for keeping your appointments and to-dos.

For two or three months compulsively enter every name and telephone number you now have to look up into the computer's phone book, every patient you see into the spreadsheet and agree with your nurse or secretary that if it's in the computer, the missed meeting or appointment is the doctor's fault.

After several months, you will either be leaving your computer at home and not missing it, or — more likely — occasionally forgetting to put it in your pocket or purse and recognizing its usefulness. In either case, you will no longer wonder whether pocket computing is for you.

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Pocket Computers: Psion Series 3a

DONALD L. VINE, M.D.,* Wichita

any doctors have not yet decided that they want to bother with portable computing. They have seen colleagues working with small black boxes that look interesting, but seem to be a bit larger and more complicated than they would like. For those who wonder whether a pocket computer would be worth the bother of lugging around, the Psion might just be the ticket.

Psion 3a Features

Psion dimensions are almost ideal for the jacket pocket or purse: 6.5 x 3.4 x 0.9 inches. The case is contoured to protect jacket fabric from wear and tear, and the 9.7-ounce weight allows you to forget you are carrying a computer — until you need it.

The screen is perhaps the easiest to read among pocket computers. You can toggle from a display of 40 characters by 9 lines to a full-width 80 characters by 17 lines. The user interface is graphic and employs a Windows-like menu system which becomes intuitive and very easy to use with a little practice.

The keyboard is also easy to use — for a pocketsized computer. Short- to medium-sized memoranda are very easy to enter. In a pinch, the unit lends itself to fairly efficient creation of documents of up to about 30,000 characters.

The operating system is multitasking, which means that you can quickly switch between different applications, multiple instances of a single application or even to a second application while the first is running. The 16-bit NEC V30H processor runs at 7.7 mHz, which is similar to the old IBM XT, but robust enough for the built-in applications. The unit is powered by two AA batteries, which provide about 80 hours of uninterrupted, or months of discontinuous, use. The audio system is unique in providing recording capability in addition to playback of the usual beeps and alarms. This allows you to record short messages

to use as reminders or custom alarms. The speaker also permits the unit to perform tone "dialing" from numbers previously entered into the phone database.

User-accessible memory is either 256 or 512 Kb (256,000 or 512,000 characters), depending on the unit you purchase, but the 512 Kb unit is recommended. Additional data storage is provided by the purchase of up to two solid-state disks (SSDs), which slide into the ends of the unit.

The SSD memory cards come in two varieties: flash and RAM. The flash SSDs can hold up to 2 Mb (two million characters) and require no battery. They can be written to once and new data is added to unused portions of the disk. To reuse previously written areas, the disk must be reformatted. In contrast, the RAM SSDs can support read/write operations just like the hard drive of a standard PC, but they require a small lithium battery and are limited to a maximum of 1 Mb of data.

Time management functions of the Psion are very good. You can view your schedule by day, week or year. A handy pop-up calendar of the month permits rapid navigation from one date to another. Entries can be viewed as a list and also can be repeated by day of the week, day of the month, every working day or daily.

To-do entries can be grouped and viewed by any of a large number of user-definable categories. Within each category, priorities can be assigned so that future items appear on the daily schedule only when you want them to. This permits the development of a complex time management system that does not clutter the display with a large number of low-priority items.

Memos of approximately 3,000 characters each can be attached to any appointment or to-do item.

The word processor features outlining, font selection (for printing), and on-screen display of normal, boldface, italic and underlined text. Documents can be saved in Rich Text Format (RTF), which is compatible with many standard PC word processors.

(Continued on page 75.)

^{*}Associate Professor, Department of Medicine, University of Kansas School of Medicine-Wichita

Address correspondence to Dr. Vine, Department of Medicine, UKSM-W, 1010 N. Kansas, Wichita, KS 67214.

Breast-Conservation Treatment



AT LEAST ONE-THIRD OF ALL BREAST CANCER PATIENTS COULD HAVE LUMPECTOMY FOLLOWED BY RADIATION THERAPY

College of Surgeons and the American College of Radiology have agreed that women whose early breast cancer was detected by mammography are candidates for breast-saving treatment. This treatment consists of lumpectomy with axillary node sampling followed by radiation therapy to the breast. According to new standards, women with small lumps, those with tumors as large as two inches, and even some women with positive nodes may be candidates for this treatment.

The purpose of the breast-conserving treatment is to treat these patients adequately but with a good cosmetic result. Stage for stage, patients treated in this manner have the same longevity and the same freedom from local recurrence as those treated with mastectomy.

For copies of the standards please contact Keri Sperry, American College of Radiology, 1891 Preston White Drive, Reston, VA 22091.







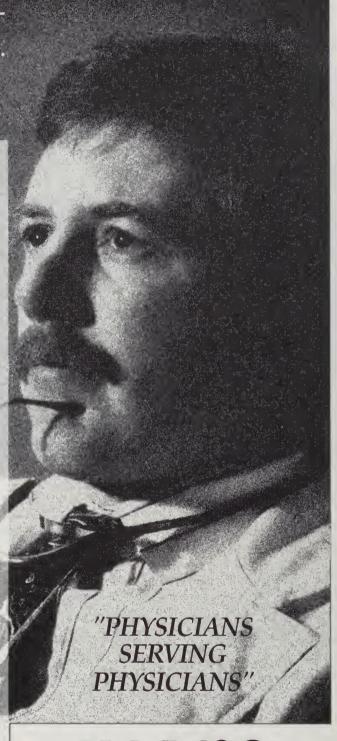
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- · Medical office reviews
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MEDICINE

JOURNAL OF THE KANSAS MEDICAL SOCIETY

April 1994

Volume 95, Number 4



- Radiological Evaluation of Extramedullary Plasmacytoma
- Breast Cancer Detection
- Expert Witnesses: New Regulations
- Farewells from KMS and KMSA Presidents
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Farming and Occupational 93 NIH Reports Available Fatalities

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Proven efficacy

Nonsedating*

The incidence of sedation with CLARITIN Tablets (8%) was similar to that of placebo (6%) at the recommended dose.

Rapid-acting[†]

CLARITIN Tablets started working in some patients in as soon as 30 minutes; 65% of patients experienced relief within 2 hours.

- Once-a-day dosing
- Low incidence of adverse effects

In controlled clinical trials using the recommended dose, the incidence of headache (12%), somnolence (8%), fatigue (4%), and dry mouth (3%) with CLARITIN Tablets was similar to that of placebo (11%, 6%, 3%, and 2%, respectively).

Over 1 billion patient days of worldwide experience

* In studies with CLARITIN Tablets at doses 2 to 4 times higher than the recommended dose of 10 mg, a dose-related increase in the incidence of somnolence was observed.

† Relief began in 13% of treated patients vs 4% of placebo-treated patients within 30 minutes (P=.04). At 2 hours, 48% of patients receiving placebo experienced relief.

Distribution of onset times was significantly earlier for CLARITIN Tablets vs placebo (P=.03).

Please see following page for brief summary of Prescribing Information.

Clear Benefits From Start To Finish

diotesta.

Once-a-day

Claritin .

LOMB (Ioratadine)

COVER STORY

CLARITIN® brand of loratadine TABLETS Long-Acting Antihistamine

BRIEF SUMMARY (For tull Prescribing Intermation, see package insert.)

INDICATIONS AND USAGE CLARITIN Tablets are indicated for the relief of nasal and non-nasal symptoms of seasonal allergic chinitis

CONTRAINDICATIONS
CLARITIN Tablets are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

PRECAUTIONS
General: Patients with liver impairment should be given a lower initial dose (10 mg every other day) because they have reduced clearance of CLARITIN Tablets.

clearance of CLARITIN Tablets.

Drug Interactions: The coadministration of a single 20 mg dose of CLARITIN Tablets (double the recommended daily dose) and a 200 mg dose of ketoconazole twice daily to 12 subjects resulted in increased plasma concentrations of loratatine (180% increase in AUC) and its active metabolic, descarboethoxyloratadine (56% increase in AUC). However, no related changes were noted in the OTC on ECGs taken at 2, 6, and 24 hours after the coadministration of loratadine and ketoconazole. Also, there were no significant differences in clinical adverse events between CLARITIN Tablet groups with or without ketoconazole. Other drugs known to inhibit hepatic metabolism should be coadministered with caution until definitive interaction studies can be completed. The number of subjects who concomitantly received macrolide antibiotics, cimelidine, rantidine, or theo-phyline along with CLARITIN Tablets in controlled clinical traits is too small to rule out possible during-drug interactions. There does not appear to be an increase in adverse events in subjects who received or all contraceptives and CLARITIN Tablets compared to place to the contraceptives and CLARITIN Tablets compared to place the contraceptive and contraceptives and CLARITIN Tablets compared to place the contraceptive and contraceptives and contraceptive

does not appear to be an increase in adverse events in subjects who received oral contraceptives and CLARITIN Tablets compared to placebo

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month oncogenicity study in mice and a 2-year study in rals, loradome was administered in the detail doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity study in rals, loradome was administered in the detail doses up to 40 mg/kg (mice) and 25 mg/kg (rats) in the carcinogenicity studies, pharmacokinetic assessments were carried util to determine animal exposure to the drug. ALIC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 36 (toratadine) and 18 (active metabolite) times higher than a human given 10 mg/kg year 25 mg/kg of loratadine was 25 (toratadine) and 67 (active metabolite) times higher than a human given 10 mg/kg and a carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these indings during long-term use of CLARITIN Tablets is not known.

In mutagenicity studies, there was no evidence of mutagenic potential in reverse (AMES) or torward point mutation (H0H-H6PRT) assays, or in the assay tor 10 Mg damage (Rat Primary Hepatocyte Unischeduled DNA Assay) or in two assays to recommon the mouse at 40 mg/kg and rat at 25 mg/kg, but not all lower doses.

Decreased fertility in male rats, shown by lower female conception rates, occurred at approximately 64 mg/kg and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at doses of the study.

Perganacy Category B There was no evidence of animal teratogenicity in studies performed in rats and rabbits. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response. CLARITIN Tablets

Pediatric Use: Safety and effectiveness in children below the age of 12 years have not been established

ADVERSE REACTIONS

AUVENDE HEALTIUMS
Approximately 90 000 patients received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 100 mg once a day varied from 2 weeks to 6 months duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS

	PERCENT OF PATIENTS REPORTING						
	LORATADINE 10 mg QD n = 1926	PLACEBO n = 2545	CLEMASTINE 1 mg BID n = 536	TERFENADINE 60 mg BID n = 684			
Headache Somnolence Fatigue Dry Mouth	12 8 4 3	11 6 3 2	8 22 10 4	8 9 2 3			

Adverse event rates did not appear to differ significantly based on age, sex, or race, although the number of non-white sub-jects was relatively small.

In addition to those adverse events reported above, the following adverse events have been reported in 2% or tewer patients

Autonomic Nervous System Altered salvation increased sweating altered acrimation, hypoesthesa, impotence, thirst lushing body As 4 Whole: Conjunctivitis blurred vision, earlande eye pain, ininitius, astheria, weight gain, back pain, leg cramps, malase, chest pain, rigor's lever, agravated altergy upper respiratory infection, angioneurotic delma Cardiovascular System Hypotension, hypertension, belpharospasm, paresthesia dizziness, migraine, tremor vertigo. Cettiral and Peripheral Nervous System Hypotension, byte hipharospasm, paresthesia dizziness, migraine, tremor vertigo.

orspinuma
disafromtestinal System Abdominal distress, nausea, vomiting, flatulence, gastritis, constipation, diarrhea, altered taste,
increased appetite, anoreva, dyspepsia, stomatitis, toothache
Missculuskelad, System Arthratigia, myalgia
Rsychatria, Anxiety, depression, agriation, insomnia, paroniria, amnesia, impaired concentration, confusion, decreased libido.

Psychatric Anxiety, depression, agitation, insumma, parumina, arithmetic processes, and a particle processes. Begroductive System Breast pain, menorrhagia dysmenorrhea vaginitis. Pseparatory System Breast pain, menorrhagia dysmenorrhea vaginitis anseeming, bronchospasm, bronchist, larryingtis sincepting, and Appendages. Dermatitis, dry hair, dry skin, urlicaria, rash, prurifus, photosensitivity reaction, purpura. Umrany Asystem Unnary discolation, affered micturition. In addition, the following spontaneous adverse events have been reported rarely during the marketing of foratadine peripheral edema, abnormal hepatic function, including jaundice, hepatitis, and hepatic necrosis; alopecia serures, breast enlargement, erythema multiforme, and anaphylaxis.

OVERDOSAGE
Somnolence tachycardia, and headache have been reported with overdoses greater than 10 mg (40 to 180 mg). In the event of overdosage, general symptomatic, and supportive measures should be instituted promptly and maintained for as long as necessary. Treatment of overdosage, expensal symptomatic, and supportive measures should be instituted promptly and maintained for as long as necessary. Treatment of overdosage would reasonably consist of emests (piecace syrup), except in patients with impaired consciousness, tollowed by the administration of activated charcoal to absorb any remaining drug. If vomiting is unsuccessful, or contraindicated, agastric tavage should be performed with normal saline. Saline cataflatics, may also be of value for rand diution of bowel contents. Loratadine is not eliminated by hemodalysis. It is not known it loratadine is eliminated by performed dalysis. Oral LD₀₂ values for foratadine were greater than 5000 mg/kg in rats and mice. Doses as high as 10 times the recommended clinical doses showed no effects in rats, mice, and monkeys.

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1. Bédard P-M, Del Carpio J, Drouin MA, et al. Onset of action of loratadine and placebo and other efficacy variables in patients with seasonal allergic rhinitis Clin Ther. 1992;14:268-275.

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One's first view of the spring burnoff in the Flint Hills is an impressive sight, especially at night. After all, the Flint Hills are impressive in themselves. Located in eastern Kansas, they comprise 3.7 million acres of limestone and flint formations. While not suited to agriculture, their native grasses are highly nutritious and support large numbers of grazing cattle, one reason why Kansas ranks third in beef production for the na-

Konza Prairie Research Natural Area, a nonpublic area of 8,616 acres located around Manhattan and under the supervision of Kansas State University, is devoted to ecological research and education. Some native animals have been reintroduced into the area in an attempt to return it to its original state.

Two reasons are cited for the annual burnoff. The first is that it allows new grasses to achieve better and stronger growth. The second is that it prevents cattle from overgrazing the same area. Controversy surrounds the practice, its critics arguing that the burnoff causes soil erosion, so that in time there will be no grasses left on which cattle may graze.

As city slickers, we may not know which side is correct, but we do know that watching the spring burnoff is a mighty awesome and strangely beautiful sight. And capturing the drama of this annual ritual is a photographer new to the covers of Kansas Medicine. A native of Newton, Kansas, Steve Harper left his home state in the early '60s to join the Air Force and see the world. For the next several years, he called Texas, Nebraska, Guam and California home. But following his graduation from college in Santa Barbara, he began to feel the tug of his original home, so he returned to Newton.

As he relates in the introduction to Kansas on My Mind (Falcon Press, \$29.50), "That first year back at the home place was filled with sensory overload as I absorbed the full spectrum of the four seasons I had missed while living on the coast."

In 1972, Harper decided to expand his knowledge of Kansas, and he began to take excursions around the state. His first trip was to the Flint Hills, where "my life changed forever." Unlike the orderly grid of roads around Newton, country lanes wound through the Flint Hills, and "the thought of becoming lost in Kansas was more than a little intriguing."

Steve Harper has come to know Kansas intimately, and his keen eye for the details that define the state is evident in photographs such as this one of the annual prairie burnoff near Matfield Green.

YOCON® YOHIMBINE HCI

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-dluresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug. ^{1,2} Also dizziness, headache, skin flushing reported when used orally. ^{1,3}

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Once Upon a Midnight Dreary . . .

nce upon a midnight dreary, while I pondered weak and weary over health care reform proposals, plans and critiques, suddenly there came a tap, tap, tapping at my door. Opening it, I found a slim, almost gaunt, figure wearing a



white clinical coat and carrying a black bag that seemed rather tiny — but of course most medical things have been miniaturized by modern technology, so I thought no more about it. The gentleman's smile, while broad, seemed a little affected and insincere. He greeted me, and his voice, though pleasant, implied a tone that would not tolerate interference or disagreement. Clipped to the left breast pocket of his coat was a plastic identification badge bearing his picture (not a bad likeness, though with his face any picture could only be an improvement). The badge identified him as an ASS (whatever that was) from the CHP (Clinton Health Plan). With some sense of foreboding, I stepped aside to admit him.

"May I help you?" I asked, ushering him in to

my home.

After a glance about, perhaps to be certain we were alone, he answered, "I've come to be of service to you."

"In what way?" I was confused because I had

not requested any help.

"Well, you see . . ." (he seemed a little hesitant to explain) "your number has come up."

"My number?"

"Your social security number, Doc. Everybody's got one."

"I know, I know," I said. "But what has that to do with your visit?"

"It all has to do with the Assisted Suicide Pro-

gram. Your number has come up."

"Sorry to be dense," I said, "but what does my social security number have to do with assisted suicide?"

"Let me explain it to you, Doc," he said in the tone of an adult explaining Simon Says to a toddler. "Your social security number is used to track you through the health system. Every time you see the health care provider for anything, it's recorded, along with the costs associated with that encounter. You know as well as I that a person costs the government a lot of dough in the last few months of life. So when your expenses reach a certain specified limit determined by the National Health Care Control Board, one of us ASSes is sent out to assist you with your suicide."

"Now, wait a minute!" I cried, more in anger than in fear. "I haven't requested suicide! You

have no right to come here like this!"

"Where have you been the last few years?" He seemed amazed at my ignorance of current events. "There's nothing voluntary about suicide any more. The guys who were talking up voluntary euthanasia and assisted suicide just wanted to get their foot in the door. Their goal was involuntary euthanasia. Once the people bought the first step, it was easy to keep expanding the criteria. President Clinton bought every compromise, as long as he got what he wanted: universal coverage with the government in control."

"But you can't go around killing people without their consent. That's not right; it's not moral

— or ethical.''

"Since the 1964 Supreme Court decision about the separation of church and state, the relegation of values to the junk heap, the deterioration of families, increase in drug use, homicides, violence, and attempts to divide different classes and set them against each other, we're running on empty when it comes to morals and ethics!" he announced.

"But how can you, as a doctor, participate in

such a thing?" I protested.

"Oh, I'm not a doctor," he said proudly. "We ASSes are former hit men. The doctors are so divided on the issue, it was easier and less expensive to hire us." He pointed to his badge. "ASS stands for Assisted Suicide Specialist. 'Specialist' was added so we could get a bigger fee from the National Insurance and Death Benefit Fund. If we weren't specialists, we'd come under the capitated payment schedule, and frankly, it stinks. We do give Dr. Kevorkian a lot of credit for getting the whole issue off dead center, if you'll pardon the expression. In fact, we refer to a successful treatment as 'kevorking' the client."

"But who decided when a person's time had

"Why, you doctors and the Supreme Court did," he barked. "Based on abortion being legal before a certain time. Until the fetus reached a certain age, it was not a human being and could Lower expenses.

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be destroyed. Now, follow me on this. We all have to die. That is an established fact. The only variable is when we die. I've already mentioned the large sum of money — let's be honest wasted toward the end of life. Isn't it better to save that money and spend it on more worthwhile purposes than a person who's only going to die, anyway? The government is responsible for the welfare of all the people. Shouldn't they decide what's best for the citizenry? It's all very logical."

"But you're talking about murder!" I exclaimed, horrified now and becoming frightened.

"It's just doublespeak," he said reassuringly. "You shouldn't be surprised. The politicians have been feeding it to you for years, and you've eaten it up. You've accepted the concepts of death with dignity, right to die and voluntary euthanasia and we really scored with our 'duty to die' slogan. It's all very logical once the value system goes." "But surely the medical profession stood firm against this monstrous plan. Where are they now?"

"You guys never wanted to become involved in politics because it was a dirty game you felt was beneath you. But Doc, politics is power, and the government has it. First they divided you with RBRVS. Then they played with the reimbursement schedules. Then they got you split over government control of health care. You guys never learned that in unity there is strength. You didn't stick together. In the end, people thought maybe their own physician was okay and the rest were just a bunch of money-hungry doctors who really didn't care about patients. That's what happened to you guys.

"But look on the bright side," he continued. "We've saved huge sums on Medicare and Medicaid with our 'duty to die' slogan. Crime is way down since assisted suicide was legalized. We even get extra business from people who pay to have other people assisted . . . if you get my drift. We've also helped with the welfare program. So you can see we've benefitted the whole economy."

"But why me?" I cried.

"Well, Doc, as I said, you've been running up some big bills, and you figure to cost us a lot more in the next few months. Your condition is terminal, anyway, so why not end it all now and save yourself and the family a lot of sorrow and turmoil? After all, it's just a matter of time."

With that, he opened his bag and pulled from it a small pistol. "This is a great tool, Doc. It's a laser gun that severs the spinal cord just above the vital centers. Death is instantaneous, and there's no sign of foul play. Some guys have 'em

shaped like little flashlights for looking down the throat, but I can't give up the old feeling of a gun butt in my hand."

He stood over me. "I've really enjoyed talking with you, Doc, but I have other calls to make, so be a good fellow. Open wide and say ahh."

"AAAAAAAAAAH!"

I awoke with a start on the floor in front of my chair. No one was around. Thank (dare I say it?) God! It was just a horrible nightmare; only a bad dream. Certainly nothing like that could really happen . . . could it? w.E.M.

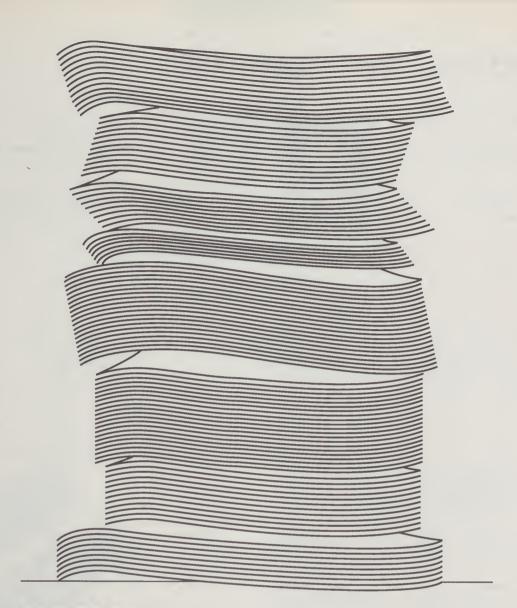
Farming Is First in **Occupational Fatalities**

Farming is one of the most dangerous occupations in the country, according to the American Academy of Orthopedic Surgeons. In 1991, farming accidents claimed the lives of 1,400 persons and disabled 140,000. Agriculture leads all other industries in occupational fatalities, with a rate of 44 deaths per 100,000 workers. This compares with 43 deaths per 100,000 workers in mining and quarrying.

Farming injuries frequently involve major trauma, according to Robert A. Worsing, M.D., of Overland Park, editor of Rural Rescue and Emergency Care, published by the American Academy of Orthopedic Surgeons. "Rescue services usually are called only after there have been attempts to extricate the injured patient," he ob-

served.

Most accidents involve large, heavy machines with sharp cutting and piercing features. "Farmers often work in remote locations, so an accident may go unnoticed for several hours," Dr. Worsing said. Adding to the problem, rescue teams serving agricultural areas may be limited by geographic isolation, extended response time and long distances from medical facilities. The hazards and types of machines used in farming also require special tools and techniques for rescue operations.



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Good-bye, and Thank You

y year as your president has gone so quickly! I have traveled the state from one end to the other — Leavenworth to Garden City, Hays to Independence — bringing news of the Kansas Medical Society and the national health care reform



scene to the membership. I've had the great pleasure of making the majority of these trips with my wife, Sarah; and with Cathy Wilcox, President of the Kansas Medical Society Alliance.

With the unfolding health care reform debate continuing, these remain exceptionally exciting times. It seems only yesterday that I was installed as KMS president, but since that time I have made three trips to Washington, D.C. The first was to hear President Clinton's speech on health care reform last fall, at the invitation of Senator Dole. The next was to attend an AMA Federation meeting shortly after the President's speech, and to help the AMA in their lobbying activities; and most recently, in early March, I attended an AMA partnership meeting stressing the medical profession's unity on health care reform. At all of these meetings, we visited Capitol Hill to call on our legislative delegation. At the latter two meetings, we heard many interesting speakers from Con-

I've also made two trips to Chicago on behalf of KMS. The first was to serve as an alternate delegate to the AMA annual meeting, which is the privilege of each KMS president. I would like to express my gratitude, and that of our whole society, to our most capable AMA delegation, led by Dr. Kermit Wedel. Dr. Linda Warren serves ably on the AMA Council on Constitution and Bylaws. The other members of the delegation are Drs. Jimmie A. Gleason; Lew W. Purinton; Stephen F. Miller; Terry L. Poling; Jay S. Schukman; Roger D. Warren; and Joseph C. Meek, Jr. I found them to be extremely helpful in guiding this "rookie" about the business of the AMA annual meeting, and the interim meeting in New Orleans last December. These delegates are well respected in the house of medicine, speak effectively for the physicians of the state of Kansas, and devote an untold amount of time to their duties serving all of us. Thank you, delegates, from all the members of our society.

Regarding the national health care debate, I've had the privilege of hearing First Lady Hillary Rodham Clinton speak, and I've met twice with Donna Shalala. At the most recent meeting in Washington, we heard from all the major writers of current plans in Congress, including Congressman Jim McDermott (an M.D.), Congressman Jim Cooper, Senator John Chafee, Congressman John Dingle, Senator Edward Kennedy, and Congressman Jay Roy Rowland (another M.D.). I've heard Senator Jay Rockefeller, Congressman Newt Gingrich, Senator Bob Dole, and virtually all the leaders of the congressional delegations, from both sides of the aisle, debating the topics that are being discussed in Washington and around the country at this time.

At the state level, we have moved from "403" Commission meetings across the state to the bill ultimately introduced by the Commission (chaired by Dr. Bill Roy of Topeka). This consists of a single-payer plan for the state of Kansas. Another plan was introduced by KDHE Secretary Robert Harder. Neither of these plans had much support in Topeka and don't stand much chance of passage in the Legislature. We will report further information when it is available.

KaMMCO remains strong and vigorous, especially with the recent introduction of Medical Service Corporation (MSC), which provides even more services to our membership. Recently we have seen an increase in the frequency and severity of lawsuits being brought. But due to our efforts to effect tort reform several years ago — and most importantly due to the competitive influence of KaMMCO, we have numerous carriers available in Kansas to provide the malpractice insurance we require. Our hope for malpractice relief through the collateral source rule, which last year was judged unconstitutional by the Kansas Supreme Court, was embodied in SB 761. It passed in the Senate and the House, but Governor Finney vetoed it.

I feel the most important action the Kansas Medical Society has taken since the formation of KaMMCO is our statewide physician network, which is continuing to develop. At its March 26 meeting, the Council approved proceeding with this valuable organization of physicians, so we should be ready to make a full presentation to (Continued on page 89.)

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Expert Witnesses and Rule 26, Federal Rules of Civil Procedure

WAYNE T. STRATTON, J.D., * Topeka

n December 1, 1993, Congress allowed amendments to the Federal Rules of Civil Procedure to become effective. While many lawyers and legislators expressed strong opposition to the amendments, action by both houses of Congress would have



been necessary to prevent the amendments from becoming law. This action bogged down in the Senate, and the amendments are now in effect. They alter considerably the method of discovery of civil actions pending in federal court, including medical malpractice cases. One significant change deals with the responsibilities of expert witnesses.

Rule 26a(2)B requires changes in the way the opinions of experts have traditionally been identified and discovered. For all cases filed after December 1, 1993, the following requirements apply:

1. The identification of a witness who is identified to testify at trial shall be accompanied by a written report *prepared and signed by the witness*. Heretofore it has been permissible for counsel to identify the requested information.

2. The foregoing report must contain a complete statement of all opinions to be expressed and the basis and reasons for them, along with the data or other information considered by the witness in forming the opinions.

3. Any exhibits to be used by the witness as a summary of or support for the opinion shall also be provided.

4. The report shall also include the qualifications of the witness, including a list of all his or her publications within the preceding 10 years.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

New federal regulations will affect both witnesses and defendants.

5. The witness shall also include the compensation to be paid for the study or testimony.

6. Finally, the report shall include a listing of any other cases in which the witness has testified as an expert at trial or by deposition within the preceding four years.

Since by their nature medical malpractice cases require expert opinion testimony, these provisions will affect the manner in which such cases will be handled in the future, by both plaintiff and defense counsel.

The amendment places an obligation upon the physician witness to provide information which has heretofore been obtained by counsel through indirect sources and upon questioning of the witness at the deposition. Now the rules place an affirmative duty upon the expert to come forward with the information.

Undoubtedly, this will be a burden for physicians who testify on behalf of health care providers; however, it should assist in the identification of those plaintiffs' experts who testify frequently.

The rules continue to require that the party seeking discovery pay the expert a reasonable fee for time spent and responding to discovery. As a practical matter, this means that the party identifying the expert shall be responsible for the fees involved in preparation of the report, and the adverse party who deposes the witness is responsible for the fees incurred by the expert in providing a deposition.

If these rules work well in practice, it is likely that they will eventually be adopted by the Kansas Supreme Court for application to cases filed in state court. If they prove not to be advantageous, they will likely be repealed, or the federal judiciary in Kansas may elect not to be bound by the provisions. The purpose of the changes is to reduce cost and speed up litigation. Time will tell whether this goal is realized.



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Facing Change with Hope: Reprise

ear Physicians of Kansas, I have worked through this year with the concept of hope always traveling beside me. My theme for the year, "Facing Change with Hope," has proved to be a support to me and, I hope, to others. We didn't know at the beginning of



the year how rapidly change would take place for medicine in Kansas and across the nation — and we still don't know. What we do know is that change is inevitable.

KMSA itself began the year with a change: our new name "Alliance." Our members, as well as KMS members, have made strides to adjust to this new name. About one-half of our county groups have adopted the name Alliance, and more are anticipating this change in the future.

As my travels have taken me from my home in the western plains to the Flint Hills, and from the north to the south and east, I have made many new friends and renewed many old friendships. With each county organization I have visited, I have been impressed and proud of the impact being made by these groups to shape our tomorrow. In several cases, local groups have told me outright that they are not doing any specific project for the auxiliary/alliance. But investigating further, I discovered they had forgotten to mention their time spent on projects which have become routine to them, but have offered longstanding assistance in their communities. They forget they are making a difference and have for years on all their community projects, whether undertaken under the name of auxiliary, church, school, book club or other group. I am impressed with the dedication of medical spouses in our state.

The Alliance officers and chairmen have led our projects and activities in a dedicated manner throughout the year. Their commitment to our organization and their desire to support the activities which promote health in Kansas have been encouraging and have contributed that spark of hope mentioned above. Highlights of the year's activities include:

- AMA-ERF Projects. Although these projects are often disguised as fun, they are of great value to the future of medical education — and of medicine itself, as we work to support our medical schools.
- Health Promotion. We have promoted breast cancer prevention and the American Cancer Society

guidelines across the state. If one person is encouraged to have a clinical exam, a mammogram or a self-exam, and that act saves a life, the efforts this year have certainly been worthwhile.

- Violence Prevention. During my travels, I have challenged each physician and spouse I have met to do his or her part for this epidemic in our communities. The Child Abuse Prevention Workshop was a very worthwhile endeavor, and I grew personally from my attendance at that event. Another project we can be very proud of having initiated in Kansas was brought to our attention at our annual national convention by West Virginia. Following their lead, we have been successful in having a paragraph added to marriage license applications. This states that the parties have the right to enter into marriage and live within a marriage free from violence and abuse. It also states that Kansas laws prohibit domestic violence. These applications have been printed and are ready to use.
- Legislative Affairs. Our February meeting and reception, though somewhat affected by weather conditions, was a beneficial interaction with our legislators and an education for our members, as we attended legislative hearings and had the benefit of speakers who increased our legislative awareness.

Throughout the year, I have watched the efforts of KMS President Dr. Arthur Snow as he spoke at each Council meeting, imparting the latest information on health care reform. He spent a great deal of time at other meetings this year keeping himself upto-date on the latest developments, and he worked to educate groups and individuals across the state about this concern.

I have been present as the KMS Executive Committee has worked on behalf of all physicians, taking very seriously the consequences of their actions throughout the state. I have spent time in the KMS office, where I have been privileged to work with the great KMS staff, who have welcomed me and helped with my projects throughout the year. They are a great group of professional people!

It has truly been a privilege as well as my pleasure to serve this organization. I have learned a great deal about the state, our organizations and medicine in Kansas. I have learned that there is no better place to be in America or in the world for raising children, enjoying a quality lifestyle and receiving health care.

Now we look ahead to a new year in KMSA with

Nancy Craig, of Newton, as our president. I am confident that under her leadership the Kansas Medical Society Alliance will have a great year. I appreciate your support of me and of the Alliance projects this year, and I look forward to continuing my support of the KMS and Alliance in the future. I hope to see you at the Annual Meeting in Manhattan.

Farewell and God bless!

Cathy Wilcox

PRESIDENT'S MESSAGE

(Continued from page 84.)

the House of Delegates at the end of this month and, if it is approved by the House, shortly thereafter we will be prepared to sign physicians up for the plan and offer health insurance coverage. Subcommittees are currently setting meetings to establish governance structure and financing, and further details will be available soon.

I cannot express enough my appreciation to our able staff in the Topeka office: Jerry Slaughter, ably assisted by Chip Wheelen, Nancy Sullivan, Gary Caruthers, Carolyn Price, Allison Peterson, Donna Decker, Susan Ward and all of the other staff members who have made my job easier. These people provide support to the entire membership in untold ways.

Now Dr. Don Brada, our incoming President, prepares to take office. As I fade into the background to join those who have previously held this position, I am certain that as he travels across Kansas Dr. Brada will be as enthralled as I have been by our staff in Topeka, as well as by the members of our great state's medical society. I congratulate you, Don, and I hope for you the best. May your year be as rewarding as mine has been.

Lastly, I implore all of our membership to remember that, based upon the will of all of us the ship of medicine will continue sailing — or flounder and run aground. Now is the time for us to come together in the house of medicine, which I feel is the greatest reason for the statewide physician network to be developed and to succeed. The future of medicine is as bright as we allow it to be. Only by working together can we assure its success. We must all continue our good efforts, and I'm sure with Don's leadership over the next year we *will* succeed.

Thank you all for the assistance you've given me this year.

Arthur D. Snow, Jr., M.D.



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Breast Cancer Detection: Improving the Efficacy of Screening Mammography

NANCY L. BRECHEISEN, M.D.;* AND THOMAS E. SNYDER, M.D.†

Breast cancer continues to be a major public health problem throughout the world. In the United States, breast cancer is the most common cause of cancer in women and is second only to lung cancer as a cause of cancer death, accounting for 19% of all female deaths. Current incidence rates from the American Cancer Society estimate the chance a woman will develop breast cancer some time during her lifetime is now one in nine.

Age-adjusted mortality has remained relatively constant since 1930, with 26 to 28 deaths per 100,000 female population per year.³ Age-adjusted incidence has been slowly rising; however, between 1980 and 1987 the rate rose by 32%. Prior to 1980, most of the increase in incidence occurred in post-menopausal women, but now the disease is becoming prevalent in pre-menopausal women, especially young black women.⁴ It is unclear, currently, how much of the rising incidence may be attributed to early case detection by screening programs and how much is a true increase.

Mammography has evolved into a tool now capable of diagnosing breast cancer at early stages, thus improving survival. Why then, with advances in technology, is the mortality rate for breast cancer not decreasing as well? Examination of the evolution of screening techniques, major risk factors and current screening guidelines may provide viable solutions to existing barriers. Effective utilization of screening measures throughout the general population, combined with earlier detection and subsequent improved survival may, finally, diminish the mortality rate of this disease.

Evolution of Screening

Screening for breast cancer began in the 1940s and 1950s with the use of periodic physical examinations of women's breasts at cancer detection

centers. The addition of screening mammography to the history and physical exam, in the late 1950s and early 1960s greatly improved survival. The Health Insurance Plan (HIP) screening project of Greater New York from 1963 to 1966 was the first randomized trial to reveal significant reduction in mortality from breast cancer in women over the age of 50 who were systematically evaluated. Sixty-two thousand women were placed in a randomized, prospective study of physical exam and mammography. At five-year follow-up, the mortality from breast cancer was more than 50% lower for women over the age of 50 in the screened group than for women in the unscreened group. This effect gradually decreased to 21% after 18 years of follow-up. Approximately two-thirds of the benefit was attributed to the clinical exam and the remaining one-third to mammography.6 Cancers detected by mammography alone were more often smaller, and a few patients with minimal disease (in situ or < 1 cm) cases were discovered. The reduced mortality in the study group was secondary to a large group of these women with stage I disease.⁷

The American Cancer Society and National Cancer Institute implemented the Breast Cancer Detection Demonstration Project (BCDDP) to test the feasibility of HIP-type screening programs on a large scale from 1973 to 1981. This project screened more than 280,000 women in the United States, at 29 centers, using clinical examination and mammography. The results of this group were compared with national cancer surveillance programs. One-third of the cancers were in women under the age of 50, and 42% of the cancers were detectable only on mammography.8 Fifty-nine percent of all non-infiltrating (early stage) cancers were detected by mammography alone, versus 6% detected only by use of clinical examination.8 These results reveal the role of mammography for detecting breast cancers early in the disease course, with better eventual prognosis.

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In the BCDDP study, cumulative 5-year relative survival rates (observed rates adjusted for normal life expectancy) for women with breast cancer under 50 years, and 50 years and over at age of diagnosis, were 91% and 89%, respectively. Fivevear survival rates for women with intraductal insitu breast cancers for the under-50-years and 50years-and-older age groups demonstrated improved results, with 99% and 98% survival, respectively.8 Five-year survival rates in the BCDDP participants were higher than breast cancer survival rates in the national sample groups. Since there were no internal controls in this study, effects generated by selection bias and lead-time bias were uncertain. Survival rates dropped dramatically with increased tumor size and involvement with lymph nodes. Simply stated, the earlier the diagnosis, (usually) the better the prognosis.

Current Screening Guidelines

Current guidelines for mammography (see Table 1) were developed by the American College of Radiology in 1976, revised in 1982, and endorsed by the American Cancer Society in 1983. They are currently under reevaluation by ACR.¹⁰ If these guidelines were followed for the entire population, a significant number of breast cancers would be detected at an earlier stage, thus lessening the traumatic consequences of breast cancer and eventually influencing the mortality rate.

Risk Factors

Numerous possible risk factors have been implicated for the development of breast cancer. Increasing age, country of birth, and history of breast cancer in both mother and a sister indicate those patients with the greatest relative risk. Table 2 presents established risk factors, together with their approximate relative risks. Currently, only one-fourth of all breast cancers can be attributed to a specific recognized risk factor. 11 These cannot

be the sole selection factors used when recommending women for mammography. Other risk factors, still to be identified, must exist.

Barriers to Solutions

1. Patients/Physicians. In 1986, the National Cancer Institute Breast Cancer Screening Consortium performed a National Health Interview Survey of 7,011 women regarding breast cancer screening. Fifty-three percent of respondents stated they had "not perceived a problem" and/ or "never thought about it" as the reason for never having a mammogram.¹² The second most common reason given (28%) was that their doctor had never recommended mammography. 12 How can we overcome these obstacles in both the lay and professional populations?

Public awareness campaigns are needed, showing the benefits of screening mammography. Funded by participating hospitals or clinics, these advertisements could address screening guidelines and major risk factors, and place radiation fears in perspective. With this increased knowledge, the patient could discuss with her physician the need for mammography, or be self-referred to an appropriate screening facility. Numerous studies have shown that most physicians will prescribe mammography at the patient's request, and if the physician recommends a mammogram the patient is more likely to obtain one.13 Once in a screening network, annual notices could be sent by the providing network, listing the recommended guidelines and urging participants to obtain a mammogram and physical examination.

Most primary care physicians recognize the need for screening mammography, but raise concerns about patient reluctance, monetary cost and radiation exposure. Public awareness messages also reach the physician, addressing these concerns. Physicians need to be comfortable with the screening guidelines so they can educate patients

TABLE 1 **CURRENT SCREENING GUIDELINES**

1. Symptomatic women:

Mammography is an essential part of the diagnostic work-up; to assess the area in question, rule out unsuspected malignancy, and as baseline for future reference.

2. Asymptomatic women (screening):

a. All women should be taught breast self-examination by age 20, and have an annual breast exam by a physician after

b. Baseline mammography should be obtained between ages 35 and 39.

c. Biannual follow-up mammography between ages 40 and 50; yearly in high-risk individuals.

d. Annual mammography and physical exam for all women over age 50.

TABLE 2
ESTABLISHED RISK FACTORS FOR BREAST CANCER IN FEMALES

Risk Factor	High-Risk Group	Low-Risk Group	Magnitude of Differential
Age	Old	Young	***
Country of Birth	North America	Asia, Africa	***
	Northern Europe		
Socioeconomic Status	High	Low	**
Marital Status	Never married	Ever married	*
Place of Residence	Urban	Rural	*
	Northern US	Southern US	*
Race >45 years	White	Black	*
Race <40 years	Black	White	*
Nulliparity	Yes	No	*
Age at first full-term pregnancy	>30 years	<20 years	**
Oophorectomy premenopausally	No	Yes	**
Age at menopause	Late	Early	*
Age at menarche	Early	Late	*
Weight, postmenopausal women	Heavy	Thin	*
History of cancer in one breast	Yes	No	**
History of benign proliferative lesion	Yes	No	*
History Breast CA — First degree relative	Yes	No	**
History Breast CA — Mother & Sister	Yes	No	***
History 1º ovarian?endometrial CA	Yes	No	*
Mammographic parenchymal patterns	Dysplastic	Normal	**
Radiation to chest	Large doses	Minimal	**

^{***} Denotes relative risk of greater than 4.0

Modified from Kelsey [11]

to obtain screening mammography to detect cancer at its earliest stages.

2. Cost. Mass screening costs are one of the major limitations in today's society. Average screening mammography costs are usually \$100 to \$125, but may range from \$50 up to \$250.14 By 1990, 26 states had passed laws requiring insurers to reimburse part or all of the cost, and Medicare allowed up to \$50 for screening mammography. 15 In the Kansas Medicaid program, mammograms are covered if medically necessary, ordered by a physician and interpreted by a radiologist. 14 Medicare covers mammogram costs for a personal history of breast cancer. Costs could be reduced by: increasing the number of mammograms done per day; decreasing the interaction time of the radiologist; and making the screening facility an entity independent from traditional hospital settings. 16

Feasibility studies at the Susan G. Komen Breast Center in Dallas, Texas, illustrated that providing mobile mammography in the workplace would lower cost, and women were more likely to participate by self-referral.¹⁷ Media announcements had a positive effect,¹⁸ making women aware of the necessity for screening in the

healthy, asymptomatic population.

3. Radiation dose. With the improved film/ screen mammography techniques, radiation dose experience in four-view screening mammography is currently 0.2 rads (2mGy) or less. 19 No female to date has been shown to develop breast cancer as a result of having undergone multiple yearly mammograms at this dose. 19 Excess numbers of breast cancers with long latency, observed in populations exposed to high radiation doses (100 to 2,000 rads), such as atomic bomb survivors, have raised concerns.²⁰ These breast cancers, allegedly from higher doses, may be perceived as risks by the patient and/or physician and may be an additional reason why physicians do not routinely recommend mammograms as the ACS guidelines suggest. The American Cancer Society recognizes the radiation risk, but feels it is negligible when compared with proven benefits from earlier detection.21

4. Variable Mammographic Accuracy. Inconsistent mammography results in the past have led to skepticism as to whether the obtained mammograms would be diagnostic. Over the past 20 years, significant improvements have occurred in mammographic equipment and screen-film-pro-

^{**} Denotes relative risk of 2.0 to 4.0

^{*} Denotes relative risk of 1.1 to 1.9

cessing systems. Today it is possible to obtain mammograms with improved image quality at a

significantly lower dose.

Advancements in equipment have led to the development of "dedicated" low-kilovoltage mammographic units, with specially designed molybdenum targets, smaller focal spots and improved breast compression devices.²² These changes allow sharper images to be obtained, with less artifact or motion. Adequate breast compression is a major factor in production of quality films. Immobilizing the breast produces a uniformly thick structure, while motion, structural distortion and radiation scatter are kept to a minimum. This allows for optimal penetration of the breast tissue, without burn-out of the nipple structures, or loss of chest wall penetration.²³

Recently, mammographic accreditation programs have been developed to provide quality assurance regulations, with emphasis on maintaining image quality and limiting radiation dose. The American College of Radiology Mammography Accreditation Program requires completion of questionnaires regarding type of x-ray equipment, image receptors, processing and quality control measures; submission of mammograms for evaluation by a panel of radiologists; submission of breast phantom images to be evaluated by a panel of medical physicists; and radiation dose evaluations.²⁴ For mammographic programs meeting these standards, accreditation is granted for three years.

The x-ray technologist plays a key role in production of accurate images. Competent technologists select appropriate exposure factors and implement accurate positioning and compression on a consistent basis. A separate mammography registry is currently available for registered radio-

graphic technologists who perform mammograms on a routine basis, though this is not mandatory. In breast-imaging clinics, the technologists' role increases as they perform quality control tasks.

An informed, motivated radiologist is also paramount to the success of screening mammography. The radiologist needs to be knowledgeable in the radiographic presentation of early breast cancer and must be willing to request further studies when necessary, whether they be magnification views, sonography or MR scanning of the breast. Overall, consistent, high-quality film production and accurate diagnosis will dramatically improve early detection of breast cancer.

Summary

Throughout the history of medicine, screening measures have had a positive impact in the early detection of numerous types of cancer. Mammography is a viable screening tool for breast cancer, especially if it is utilized by the entire population. Overcoming limitations such as uninformed patients, reluctant physicians, high cost, misconceptions regarding radiation and inconsistent accuracy will allow more women to be screened effectively. Mammographic screening does not prevent breast cancer, but by aiding detection it may prolong survival and prevent death from the disease. Increased awareness and involvement by patients and physicians, coupled with modern techniques of mammographic screening, may diminish the ever-constant mortality rate of breast cancer.

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A list of references is available from Dr. Snyder.

NIH Consensus Development Reports Are Available from the KMS Office

The National Institutes of Health have issued the following reports on their Consensus Development Conferences. If you would like to receive any of these reports, please call the KMS office, 800-332-0156, or 913-235-2383.

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Triglyceride, High-Density Lipoprotein, and Coronary Heart Disease, February 26-28, 1992.

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Radiological Evaluation of Extramedullary Plasmacytoma

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extramedullary plasmacytomas (EMP) are rare tumors of plasma cells, 80% of which occur in the head and neck. The most frequent sites are in the upper respiratory tract, namely, the nasal cavity, paranasal sinuses and nasopharynx. EMP may be primary or secondary. Primary EMP show no evidence of disease in other locations. In 5% of patients with EMP, there may be coexisting multiple myeloma (MM). We report a patient with EMP and MM, including a description of findings on plain films, bone scan, CT and MR.

Case Report

A 69-year-old white male sought medical attention for evaluation of neck pain of 4 months' duration radiating to the occiput. Physical examination was unremarkable except for restricted neck movement. A bone scan demonstrated focal increase in uptake at the base of the skull adjacent to the clivus. Skull x-rays did not demonstrate any obvious abnormality at this location; however, punched-out lesions typical of MM were evident in the skull.

Hemoglobin was 12.7 gm/dl, and hematocrit was 37%. Serum total protein and gamma globulin were elevated to 8.8 gm/dl and 3.3 gm/dl, respectively. Serum IgA level was 2430 mg/dl (normal: 70-312). IgG and IgM levels were normal. Urine immunoelectrophoresis demonstrated IgA in the urine. Bone marrow biopsy revealed 40% plasma cells.

A CT scan of the head demonstrated a large tumor mass at the base of the skull with bone destruction of the clivus and a portion of the right petrous bone (Figure 1). MR study of the head showed a large tumor mass in the area of the clivus extending superiorly in to the sphenoid sinus and inferiorly to the foramen magnum (Fig-

ure 2). At surgery, a soft, fleshy mass was noted in the floor of the sphenoid sinus. Biopsy revealed sheets of plasma cells consistent with EMP. Final diagnosis was MM with EMP involving the clivus and sphenoidal sinus.

Discussion

MM is a malignant proliferation of plasma cells. Findings in MM include: presence of monoclonal antibodies in the serum or urine; 10% or more marrow plasma cells; and one or more ancillary findings, not attributable to another cause. These ancillary findings are anemia, lytic lesions, renal insufficiency, hypercalcemia and bone marrow plasma cell labeling index of >1.2

The term EMP refers to plasma cell neoplasm arising outside the bone marrow. These tumors have a predilection for submucosal tissues of the upper respiratory tract. They are usually solitary but may occur in association with MM, as was the case with our patient. In a patient presenting with EMP, diagnostic workup should include a careful evaluation for MM. Conversely, in a patient with MM presenting with a mass in the upper respiratory tract, a diagnosis of EMP should be entertained.



Figure 1. Post-contrast CT scan shows soft tissue mass in the clivus (arrow), extending into the sphenoid sinus. Bone destruction involving the clivus and right petrous bone is well depicted. The tumor appears to merge with the brain stem.

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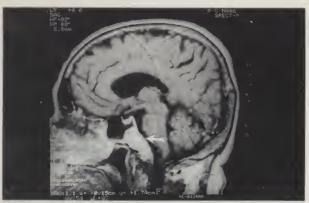


Figure 2. Sagittal T_1 weighted image shows the tumor (arrow) extending into the sphenoid sinus superiorly and foramen magnum inferiorly. Clear separation of the tumor mass from the brain stem is seen.

CT provides excellent mapping of the location and extent of sinonasal EMP. Some authors have reported soft tissue mass with minimal bony destruction, while others have reported more extensive bony destruction on CT.^{3,4} The role of MR imaging in patients with sinonasal EMP is not defined in the literature. In our patient, bone scan was helpful to localize the abnormality. Plain films of the skull alerted us to the possibility of coexisting MM. CT was helpful to confirm bone destruction and image the large tumor mass. MR defined the extent of tumor mass better than CT.

The radiographic appearance of EMP is not specific on CT or MR. Therefore, most patients will need a biopsy and histological diagnosis. However, the appearance of soft tissue mass, with or without bony destruction in the nasopharynx, in a patient with MM should alert the clinician to the possibility of EMP.

In conclusion, we presented a patient with secondary EMP and MM. Radiologic workup pointed to the source of patient symptoms and coexistent MM. The extent of the EMP was well depicted on CT and more precisely on MR, facilitating local radiation therapy to alleviate the patient's symptoms and control the disease.

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PREVENTIVE MEDICINE

(Continued from page 97.)

nearly 60% of U.S. adults fail to exercise adequately. Approximately 50% do not utilize effective disease screening that is readily available in their communities. Failure to use seatbelts, cigarette smoking and overweight are also quite common.

It is persuasively argued in the *Guide to Clinical Preventive Services*,⁴ the report of the United States Preventive Services Task Force, that in view of the data given above the medical community can have a significant impact by aggressively practicing disease prevention. Health care givers should utilize every opportunity to encourage their patients to follow a physically active lifestyle; avoid tobacco, excessive alcohol consumption, and high caloric intake; and always wear seatbelts while in vehicles.

Vaccines should be offered according to standard recommendations.⁴ Screening tests for which effectiveness has been established should be strongly advised and routinely reviewed at every visit. By interviewing to limit just a few prevalent yet potent health-adverse behaviors practiced by the U.S. population, physicians can help to achieve substantial reductions in morbidity and mortality.

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Blowout Fracture of the Orbit

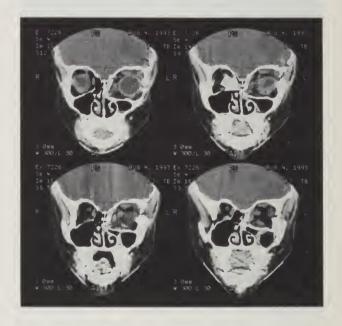
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seven-year-old sustained injury in a three-wheeler accident when the handlebars struck the child's left fronto-temporal area. Initial presentation included left, third cranial nerve palsy, complete medial gaze deficit, limited up-and-down gaze and minimal limitation of lateral gaze in the left eye.

Imaging Findings

The most informative examination was a CT scan of the orbits, including coronal scanning. This exam showed a blowout fracture of the medial two-thirds of the left orbit floor and the inferior half of the left orbit's medial wall. There was entrapment of the anterior portion of the medial rectus muscle in the area of the medial wall blowout. A small bony fragment impinged on the medial and posterior aspects of the inferior rectus muscle, and the posterior aspect of the medial rectus muscle.

Imaging of blowout fractures of the orbit often begins with plain films of the facial bones, including a modified Water's view, which is a film obtained with the beam parallel to the floor of the orbit. Because of the presence of hematoma in the maxillary sinus, and because plain film radiographs are not capable of identifying the extraocular muscles, CT scanning is often necessary to fully evaluate blowout fractures of the orbits. CT



scanning is helpful in locating and identifying the fracture fragments involved, as well as the condition and position of the extraocular muscles, in preparation for reconstruction of the orbit walls.

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CARDIOLOGY NOTES (Continued from page 100.)

agulation be omitted for patients with no evidence of left atrial thrombus immediately prior to cardioversion. Fatkin cautions that some patients without pre-cardioversion evidence of left atrial thrombus will experience embolic events and suggests that electrical cardioversion may, itself, transiently increase the likelihood of embolization.

While awaiting definitive guidelines, at least three weeks of warfarin therapy seems appropriate for most patients prior to DC cardioversion. The presence of left atrial thrombus, and possibly spontaneous contrast, by esophageal echocardiography suggests the need for a longer period of pre-cardioversion anticoagulation. The absence of left atrial thrombus may permit early cardioversion in selected patients.

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Unhealthy Behaviors Kill Most Americans

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ore than three-fourths of deaths in the United States are caused by the first seven leading causes of death: heart disease, cancer, stroke, unintentional injury, chronic obstructive lung disease, pneumonia-influenza, and diabetes mellitus (Figure 1). Many of these deaths are preventable, or their morbidity may be delayed by modifying unhealthy behaviors. A recent Centers for Disease Control (CDC) study estimated that avoiding certain unhealthy behaviors could reduce deaths attributable to nine major chronic diseases by up to 54%.

The most health-adverse behavior is cigarette smoking, which accounted for 33% of deaths in the CDC study (Figure 2). Specifically, cigarette smoking contributed to 25% of deaths from coronary heart disease, 25% of deaths from stroke, 81% of deaths from chronic obstructive pulmonary disease, and 86% of deaths from lung cancer.

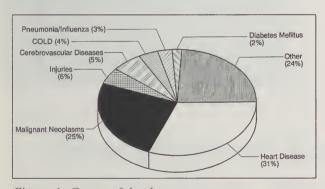


Figure 1. Causes of death.

No other risk factor contributes so importantly to so many diseases.

Overweight (more than 20% above desired), sedentary lifestyle (leisure physical activity of less than 20 minutes thrice weekly), and failure to detect hypercholesterolemia (more than 240 mg %) and hypertension (systolic pressure greater than 140 mm Hg or diastolic pressure greater

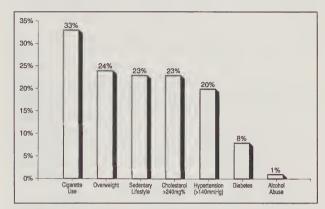


Figure 2. Proportions of deaths attributable to risk factors. Deaths due to coronary heart disease, stroke, chronic obstructive lung disease, lung cancer, breast cancer, colorectal cancer, cirrhosis and diabetes mellitus.

than 90 mm Hg) are also important health-adverse behaviors. Untreated diabetes mellitus, alcohol abuse (more than two drinks daily), and failure to utilize highly effective screening tests such as mammography and the Papanicolaou smear contributed to a smaller proportion of premature/preventable deaths.

As shown in Figure 3, health-adverse behaviors are surprisingly common in the United States population.³ Broad-based surveys indicate that

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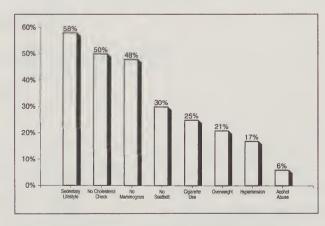


Figure 3. Prevalence of adverse health behaviors.

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Pediatric Blood Lead Testing in Kansas, 1993

Pediatric lead poisoning is widespread throughout the United States. In 1984, seventeen percent of all preschool children were estimated to have blood lead levels ≥15 mcg/dl. Lead is ubiquitous in the environment, and may be found in and around the home in the form of lead-based paint and lead-contaminated dust or soil. Children commonly become poisoned after lead ingestion by pica or through food or water contamination. In 1991 the Centers for Disease Control and Prevention changed the threshold for intervention for blood lead from ≥25 mcg/dl to ≥10 mcg/dl, in response to scientific evidence of adverse events occurring in children with levels as low as 10 mcg/dl.

In 1992, the Kansas Health and Environmental Laboratory developed the capacity to analyze blood lead levels. Blood lead is the preferred method for screening because measurement of erythrocyte protoporphyrin levels cannot reliably detect lead levels <25 mcg/dl. This report examines the blood lead results for children aged 6 to 72 months tested by the State Laboratory in 1993. Specimens (n = 4,327) were received from local health departments representing 85 counties. Duplicates and non-analyzable samples were excluded from the analysis (n = 733). Of the 3,594 remaining specimens, the majority (65%) of children tested were 36 months of age or older. Of the 3,485 samples for which information on gender was available, 1,781 (51%) were from boys and 1,704 (49%) were from girls.

Among screened children, 545 (15.2%) of the 3,594 children had blood lead levels ≥10 mcg/dl (Figure 1). These children were geographically dispersed throughout Kansas. Children aged 12 to 35 months had an increased risk (20.0% had blood lead levels ≥10 mcg/dl), compared to children in other age groups (13.1% had blood lead levels ≥10 mcg/dl). Figure 2 shows by age groups the percentage with elevated blood lead.

There are two limitations to the findings of this study. First, the children in it represented a convenience sample of children seen at local health departments in Kansas. The results do not represent a random sample of all children in the state. Second, the study was based on single capil-

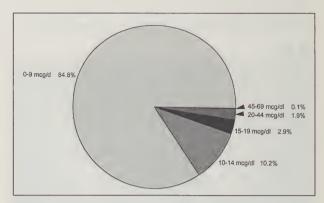


Figure 1. Blood lead results among children (n=3,594) aged 6 to 72 months in Kansas, 1993.

lary blood specimens, which sometimes yield falsely elevated results. Therefore, this analysis may overestimate the number of lead-poisoned children in Kansas.

These data indicate that Kansas children are at risk for lead poisoning. Poisoned children often remain asymptomatic until blood lead levels become dangerously high. Therefore, all children should be screened. The focus for universal blood lead screening should be children aged 6 to 72 months, as per CDC guidelines. However, the highest priority for screening should be given to children younger than 36 months, as these children engage in the most hand-to-mouth activity and therefore have the highest risk of lead ingestion. Copies of the CDC and KDHE guidelines for childhood lead poisoning prevention may be obtained from the Bureau of Disease Control by calling (913) 296-5586.

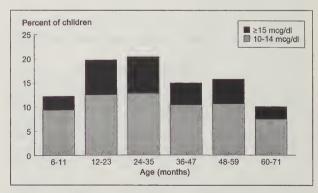


Figure 2. Percent of children (n = 3,594) with elevated blood lead results by age groups in Kansas, 1993.

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Transesophageal Echocardiography May Not Lessen Stroke Rate from Cardioversion

DONALD L. VINE, M.D., * Wichita

here is general agreement that patients should receive warfarin anticoagulation prior to undergoing elective cardioversion for atrial fibrillation. To save time and money, transcsophageal echocardiography has been evaluated as a screening test to identify patients who might undergo cardioversion without prior anticoagulation.

Manning and colleagues recently reported the absence of embolic complications among 82 atrial fibrillation patients who were free of atrial thrombi, as determined by transesophageal echocardiography performed prior to elective cardioversion.¹

Grimm and coworkers reviewed the basis for current guidelines recommending anticoagulation with warfarin for three weeks before and four weeks after elective cardioversion of atrial fibrillation of greater than two days' duration.²

They estimated the incidence of embolization following elective cardioversion to be approximately 1.5%. Since the incidence of left atrial thrombi in patients with atrial fibrillation was estimated at 10%, about 80% of atrial thrombi did not appear to produce clinical embolization. Nonrandomized studies suggest that embolization can be reduced, but not entirely eliminated, if cardioversion is preceded by warfarin anticoagulation.

Some echocardiographic studies of left atrial appendage function before and after cardioversion show prompt recovery of contraction in the majority of patients. There are, however, studies which demonstrate a transient "stunning" of the atrial appendage as well as the appearance of spontaneous echo contrast within the left atrium. In these instances, the possibility is raised that a substrate for thrombus formation is created immediately after cardioversion that could not have been identified by pre-cardioversion echocardiography.

TEE FINDINGS IN PATIENTS WITH ATRIAL FIBRILLATION

Study	Patients	Atrial thrombi	Emboli	
Grimm	40	3%	0	
Chan	25	20%	0	
Orsinelli	39	23%	1 2 1	
Manning	94	13%		
Black	156	8%		
Stoddard	82	13%	0	
Fatkin	66	1%	4	
Total	502	10%	5	
JACC 1994:	;23:533			

A Cautionary Note

Fatkin and colleagues performed transesophageal echocardiography on 66 consecutive patients prior to direct current cardioversion.³ One patient was found to have a thrombus, which was located at the orifice of the left atrial appendage. This patient did not undergo cardioversion. Spontaneous echo contrast was present in 38% of patients.

Following cardioversion, four patients experienced thromboembolic events. None of these had demonstrable left atrial thrombi. Spontaneous echo contrast was not predictive of this complication.

The authors also performed transesophageal echocardiography immediately before and immediately after cardioversion in 15 patients. In six of these, spontaneous echo contrast appeared or worsened within seconds of the appearance of sinus rhythm. This finding correlated with left atrial size and with the duration of atrial fibrillation and the number of shocks and electrical energy required for cardioversion.

Comments

Grimm suggests that transesophageal echocardiography be performed prior to electrical cardioversion in all patients with atrial fibrillation. Manning proposes that pre-cardioversion antico-

(Continued on page 96.)

^{*}Associate Professor, Department of Medicine, University of Kansas School of Medicine-Wichita.

Address correspondence to Dr. Vine, Department of Medicine, UKSM-W, 1010 N. Kansas, Wichita, KS 67214.

The Hospital Medical Staff Section 23rd Assembly Meeting June 9-13, 1994 Chicago Marriott Hotel Chicago, Illinois

Interactive Dialogue with AMA Board of Trustees HMSS representatives will not want to miss this year's AMA-HMSS Annual Assembly Meeting held on **June 9-13** in Chicago. Aside from the usual policy-related activities, representatives will have an opportunity to dialogue with the AMA Board of Trustees, hear the latest news and information from Washington, and learn the importance of and methods for physician involvement in health system reform.

The Friday education program hosts an impressive panel of speakers. From their remarks, representatives will learn: the impact of proposed legislation on the future practice of medicine; the kinds of managed care entities most likely to thrive; the ways to cope with health care delivery changes at the local level; the support needed to pass legislation on physician involvement in health system reform; the steps for developing a physician-directed health delivery network or plan; and the best methods for managing patient care and physician compensation in physician health plans.

Physician Involvement in Health System Reform With health system reform legislation pending before Congress, state health system reform initiatives, and the rapid development of integrated delivery systems, it is vitally important that medical staffs mobilize to stand up and speak out for patients and the profession. The June Assembly meeting is no exception. Now perhaps more than ever before, HMSS representatives need to be involved in shaping the nation's future health care system.

HMSS past actions have made a difference. The AMA has incorporated many issues advocated by HMSS in its new health system reform proposal for action and model legislation. Basically, the draft bill:

- requires that health plans establish a medical staff structure with defined rights with regard to the plan's medical policy, utilization, quality and credentialing and management issues;
- expressly permits physicians to jointly present their views on any plan issue (without boycott or strikes) to plan management for discussion and negotiation;
- directly aids physicians in the creation of their own plans or networks to compete with large insurance companies;
- requires negotiation of new regulations with the profession before their announcement; and
- expands the role and protection for the profession's accreditation, standard setting and medical society disciplinary functions.

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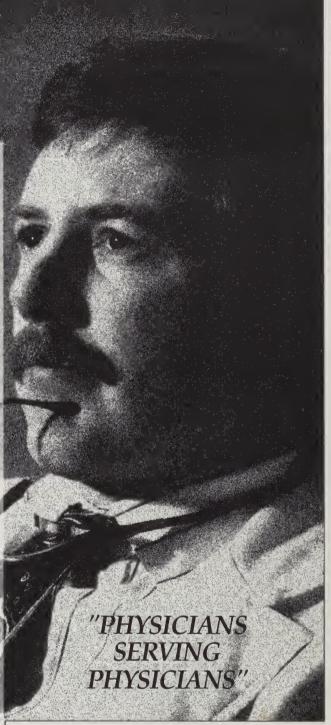
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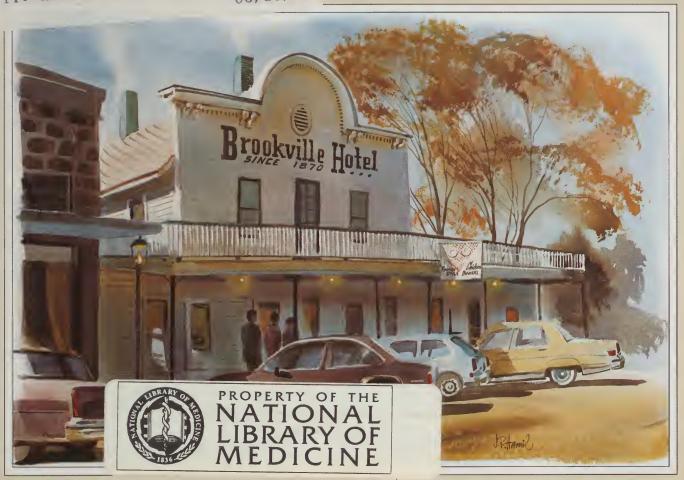
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May 1994

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- Termination of Hospital Contracts
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Rapid-acting[†]

CLARITIN Tablets started working in some patients in as soon as 30 minutes; 65% of patients experienced relief within 2 hours.¹

- Once-a-day dosing
- Low incidence of adverse effects

In controlled clinical trials using the recommended dose, the incidence of headache (12%), somnolence (8%), fatigue (4%), and dry mouth (3%) with CLARITIN Tablets was similar to that of placebo (11%, 6%, 3%, and 2%, respectively).

Over 1 billion patient days of worldwide experience

In studies with CLARITIN Tablets at doses 2 to 4 times higher than the recommended dose of 10 mg, a dose-related increase in the incidence of somnolence was observed.

† Relief began in 13% of treated patients vs 4% of placebo-treated patients within 30 minutes (P=.04). At 2 hours, 48% of patients receiving placebo experienced relief.

Distribution of onset times was significantly earlier for CLARITIN Tablets vs placebo (P=.03).

Please see following page for brief summary of Prescribing Information.

Clear Benefits From Start To Finish

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Once-a-day

Claritin (loratadine)

TABLETS Long-Acting Antihistamine

DESCRIPTION CLARITIN Tablets contain 10 mg micronized loratadine, an antihistamine, to be administered orally. They also contain the following inactive ingredients: corn starch, lactose, and magnesium stearate.

Loratadine is a white to off-white powder not soluble in water, but very soluble in acetone, alcohol, and chloroform. It has a molecular weight of 382.89, and empirical formula of $C_{22}H_{22}CIN_2Q_2$, its chemical name is ethyl 4-(8-chloro-5,6-dihydro-11H-benzo[5,6]cyclohepta[1,2-b]pyridin-11-ylidene)-1-piperidinecarboxylate and has the following structural formula:

CLINICAL PHARMACDLDGY Loratadine is a long-acting tricyclic antihistamine with selective peripheral histamine H₁-receptor antagonistic activity.

Human histamine skin wheal studies following single and repeated 10 mg oral doses of CLARITIN Tablets have shown that the drug exhibits an ani histaminic effect beginning within 1 to 3 hours, reaching a maximum at 8 to 12 hours and lasting in excess of 24 hours. There was no evidence of tolerance to this effect after 28 days of dosing with CLARITIN Tablets

Pharmacokinetic studies following single and multiple oral doses of lo-ratadine in 115 volunteers showed that loratadine is rapidly absorbed and extensively metabolized to an active metabolite (descarboethoxyloratadine). The specific enzyme systems responsible for metabolism have not been identified. Approximately 80% of the total dose administered can be found equally distributed between urine and feces in the form of metabolic products after 10 days. The mean elimination half-lives found in studies in normal adult subjects (n = 54) were 8.4 hours (range = 3 to 20 hours) for loratadine and 28 hours (range = 8.8 to 92 hours) for the major active metabolite (descarboethoxyloratadine). In nearly all patients, exposure (AUC) to the metabolite is greater than exposure to parent loratadine

In a study involving twelve healthy geriatric subjects (66 to 78 years old), the AUC and peak plasma levels (Cmax) of both loratedine and descarboethoxyloratadine were significantly higher (approximately 50% increased) than in studies of younger subjects. The mean elimination half-lives for the elderly subjects were 18.2 hours (range = 6.7 to 37 hours) for loratadine and 17.5 hours (range = 11 to 38 hours) for the active metabolite.

Loratadine, dosed once daily, had reached steady-state by the fifth daily dose. The pharmacokinetics of loratadine and descarboethoxyloratadine are dose independent over the dose range of 10 to 40 mg and are not significantly altered by the duration of treatme

In the clinical efficacy studies, CLARITIN Tablets were administered before meals. In a single-dose study, food increased the AUC of loratadine by approximately 40% and of descarboethoxyloratadine by approximately 15%. The time to peak plasma concentration (Tmax) of loratadine and descarboethoxyloratadine was delayed by 1 hour with a meal. Although these differences would not be expected to be clinically important, CLARITIN Tablets should be administered on an empty stomach.

In patients with chronic renal impairment (Creatinine Clearance ≤ 30 mL/min) both the AUC and peak plasma levels (Cmax) increased on average by approximately 73% for loratadine; and approximately by 120% for descarboethoxyloratadine, compared to individuals with normal renal function. The mean elimination half-lives of loratadine (7.6 hours) and descarboethoxyloratadine (23.9 hours) were not significantly different from that observed in normal subjects. Hemodialysis does not have an effect on the pharmacokinetics of loratadine or its active metabolite (descarboethoxyloratadine) in subjects with chronic renal impairment.

In patients with chronic alcoholic liver disease the AUC and peak plasma levels (Cmax) of loratadine were double while the pharmacokinetic profile of the active metabolite (descarboethoxyloratadine) was not significantly changed from that in normals. The elimination half-lives for loratadine and descarboethoxyloratadine were 24 hours and 37 hours, respectively, and increased with increasing severity of liver disease.

There was considerable variability in the pharmacokinetic data in all studies of CLARITIN Tablets, probably due to the extensive first-pass metabolism. Individual histograms of area under the curve, clearance, and volume of distribution showed a log normal distribution with a 25-fold range in distribution in healthy subjects.

Loratadine is about 97% bound to plasma proteins at the expected concentrations (2.5 to 100 ng/mL) after a therapeutic dose. Loratadine does not affect the plasma protein binding of warfarin and digoxin. The metabolite descarboethoxyloratadine is 73% to 77% bound to plasma proteins (at 0.5

to 100 ng/mL).
Whole body autoradiographic studies in rats and monkeys, radiolabeled tissue distribution studies in mice and rats, and in vivo radioligand studies in mice have shown that neither loratadine nor its metabolites readily cross the blood-brain barrier. Radioligand binding studies with guinea pig pulmonary and brain H₁-receptors indicate that there was preferential binding to peripheral versus central nervous system H1-receptors

Clinical trials of CLARITIN Tablets involved over 10,700 patients who re-ceived either CLARITIN Tablets or another antihistamine and/or placebo in double-blind randomized controlled studies. In placebo-controlled trials, 10 mg once daily of CLARITIN Tablets was superior to placebo and similar to clemastine (1 mg BID) or terfenadine (60 mg BID) in effects on nasal and non-nasal symptoms of allergic rhinitis. In these studies, somnolence occurred less frequently with CLARITIN Tablets than with clemastine and at about the same frequency as terfenadine or placebo. In studies with CLARITIN Tablets at doses 2 to 4 times higher than the recommended dose of 10 mg, a dose-related increase in the incidence of somnolence was observed. Therefore, some patients, particularly those with hepatic or renal impairment and the elderly, may experience somnolence.

In a study in which CLARITIN Tablets were administered at 4 times the clinical dose for 90 days, no clinically significant increase in the QTc was seen on ECGs

INDICATIONS AND USAGE CLARITIN Tablets are indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis.

CONTRAINDICATIONS CLARITIN Tablets are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

PRECAUTIONS General: Patients with liver impairment should be given a lower initial dose (10 mg every other day) because they have reduced clearance of CLARITIN Tablets.

Drug Interactions: The coadministration of a single 20 mg dose of CLARITIN Tablets (double the recommended daily dose) and a 200 mg dose of ketoconazole twice daily to 12 subjects resulted in increased plasma concentrations of loratadine (180% increase in AUC) and its active metabolite. descarboethoxyloratadine (56% increase in AUC). However, no related changes were noted in the QTc on ECGs taken at 2, 6, and 24 hours after the coadministration of loratadine and ketoconazole. Also, there were no significant differences in clinical adverse events between CLARITIN Tablet groups with or without ketoconazole.

Other drugs known to inhibit hepatic metabolism should be coadministered with caution until definitive interaction studies can be completed. The number of subjects who concomitantly received macrolide antibiotics, cimeiddine, rantidine, or theophylline along with CLARITIN Tablets in controlled clinical trials is too small to rule out possible drug-drug interactions. There does not appear to be an increase in adverse events in subjects who received

oral contraceptives and CLARITIN Tablets compared to placebo.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18month oncogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (active metabolite) times higher than a human given 10 mg/day. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (active metabolite) times higher than a human given 10 mg/day. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN Tablets is not known. In mutagenicity studies, there was no evidence of mutagenic potential in

reverse (AMES) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (Rat Primary Hepatocyte Unscheduled DNA Assay) or in two assays for chromosomal aberrations (Human Peripheral Blood Lymphocyte Clastogenesis Assay and the Mouse Bone Marrow Erythrocyte Micronucleus Assay). In the Mouse Lymphoma Assay, a positive finding

occurred in the nonactivated but not the activated phase of the study.

Loratadine administration produced hepatic microsomal enzyme induction in the mouse at 40 mg/kg and rat at 25 mg/kg, but not at lower doses.

Decreased fertility in male rats, shown by lower female conception rates, occurred at approximately 64 mg/kg and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at doses of approximately 24 mg/kg.

Pregnancy Category B: There was no evidence of animal teratogenicity in studies performed in rats and rabbits. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN Tablets

should be used during pregnancy only if clearly needed.

Nursing Mothers: Loratadine and its metabolite, descarboethoxyloratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{mak}/AUC_{plasma} ratio of 1.17 and 0.85 for the parent and active metabolite, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and metabolite was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN Tablets are administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 12 years have not been established.

ADVERSE REACTIONS Approximately 90,000 patients received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebocontrolled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS PERCENT OF PATIENTS REPORTING

TENDENT OF FATEURS HER OFFING					
	10 mg QD	PLACEBO	1 mg BID	TERFENADINE 60 mg BID	
	n = 1926	n = 2545	n = 536	n = 684	
Headache	12	11	8	8	
Somnolence	8	6	22	9	
Fatigue	4	3	10	2	
Dry Mouth	3	2	4	3	

Adverse event rates did not appear to differ significantly based on age, sex, or race, although the number of non-white subjects was relatively small. In addition to those adverse events reported above, the following adverse

events have been reported in 2% or fewer patients.

Autonomic Nervous System Altered salivation, increased sweating, altered lacrimation, hypoesthesia, impotence, thirst, flushing.

Body As A Whole Conjunctivitis, blurred vision, earache, eye pain

tinnitus, asthenia, weight gain, back pain, leg cramps, malaise, chest pain, rigors, fever, aggravated allergy, upper respiratory infection, angioneurotic

Cardiovascular System Hypotension, hypertension, palpitations, syncope, tachycardia

Central and Peripheral Nervous System Hyperkinesia, blepharospasm,

paresthesia, dizziness, migraine, tremor, vertigo, dysphonia.

Gastrointestinal System Abdominal distress, nausea, vomiting, flatulence, gastritis, constipation, diarrhea, altered taste, increased appetite, anorexia, dyspepsia, stomatitis, toothache.

Musculoskeletal System Arthralgia, myalgia.

Psychiatric Anxiety, depression, agitation, insomnia, paroniria, amnesia, impaired concentration, confusion, decreased libido, nervousness.

Reproductive System Breast pain, menorrhagia, dysmenorrhea, vaginitis.

Respiratory System Nasal dryness, epistaxis, pharyngitis, dyspnea, nasal congestion, coughing, rhinitis, hemoptysis, sinusitis, sneezing, bronchospasm, bronchitis, laryngitis.

Skin and Appendages Dermatitis, dry hair, dry skin, urticaria, rash, pru-

ritus, photosensitivity reaction, purpura.

Urinary System Urinary discoloration, altered micturition.

In addition, the following spontaneous adverse events have been reported rarely during the marketing of loratadine; peripheral edema; abnormal hepatic function, including jaundice, hepatitis, and hepatic necrosis; alopecia; seizures; breast enlargement; erythema multiforme; and anaphylaxis

DRUG ABUSE AND DEPENDENCE There is no information to indicate that abuse or dependency occurs with CLARITIN Tablets.

DVERDDSAGE Somnolence, tachycardia, and headache have been reported with overdoses greater than 10 mg (40 to 180 mg). In the event of overdosage, general symptomatic and supportive measures should be instituted promptly and maintained for as long as necessary.

Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb any remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline cathartics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.

Oral LD_{so} values for loratadine were greater than 5000 mg/kg in rats and mice. Doses as high as 10 times the recommended clinical doses showed no effects in rats, mice, and monkeys.

DDSAGE AND ADMINISTRATION Adults and children 12 years of age and over: One 10 mg tablet daily on an empty stomach

In patients with liver failure, 10 mg every other day should be the start-

HDW SUPPLIED CLARITIN Tablets, 10 mg, white to off-white compressed tablets; impressed with the product identification number "458" on one side; and "CLARITIN 10" on the other; high density polyethylene plastic bottles of 100 (NDC 0085-0458-03). Also available, CLARITIN Unit-of-Use packages of 14 tablets (7 tablets per blister card) (NDC 0085-0458-01) and 30 tablets (10 tablets per blister card) (NDC 0085-0458-05); and 10 x 10 tablet Unit Dose-Hospital Pack (NDC 0085-0458-04)

Protect Unit-of-Use packaging and Unit Dose-Hospital Pack from excessive moisture. Store between 2° and 30°C (36° and 86°F).



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ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of Kansas Medicine for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for Kansas Medicine by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

his view of the Brookville Hotel, painted by Jim Hamil, has an anachronistic quality, due to the row of cars parked out front. The westernstyle façade should really face a row of horses tethered to a rail or hitching post, and maybe a stagecoach disgorging passengers. The historic hotel, founded in 1870, was a way station for stages bringing passengers to and through Kansas on their way to fame and fortune (they hoped). It has been reported that Buffalo Bill Cody himself spent the night there.

Modern-day guests are invited to inspect the rooms that were available to their late-nine-teenth-century predecessors. While the lodgings may seem severe measured against modern standards, they offered the best of contemporary accommodations to the traveler who had spent more time than he or she would have liked in a stagecoach pulled over rough, unpaved roads by

galloping horses.

The romantic days of dirt roads and stage-coaches are gone. But pavement and the internal combustion engine have made the Brookville Hotel more accessible. (The trip is more comfortable, too.) Located on Kansas 238 just south of I-70 and west of Salina, the hotel no longer offers lodging, but it remains famous for its fried chicken dinners served family style with homemade mashed potatoes and gravy, coleslaw, green beans, relishes and fresh-baked biscuits. Delicious homemade pies top off the meal. (Menus are unnecessary, for this is the only fare that is served.)

No doubt the Brookville Hotel's warm, soft beds were considered a godsend by pioneering guests. The hot meal probably didn't seem too bad, either. It still doesn't.

SCHOLARSHIPS FOR PHYSICIANS

Scholarship funds are available to qualifying Kansas physicians for study in medicine or health care lasting 4 to 12 months at an approved institution. Applicants must have practiced continuously in Kansas for at least 5 years and may not be a member of a group of participating physicians larger than 5. Deadline for applications is July 31, 1994. Write the Earl L. Mills Educational Trust, INTRUST Bank, N.A., Attn: Lori Blaes Medler, Trust Officer, P.O. Box One, Wichita, KS 67201-5001.

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The Choices: Physician Network or Tangled Web

n May 1, 1994, at the 135th meeting of its House of Delegates, the Kansas Medical Society authorized the Executive Committee to proceed with the development of a statewide, physician-owned, managed-care delivery organization. This is a



historic event and a momentous occasion for

the society.

Notwithstanding local and federal governmental activity toward reform of the health care system, the marketplace is moving ahead, driving the forces of change. Hospitals and insurance companies are already positioning themselves to take advantage of any legislative edicts. So there is no doubt that some form of change is inevitable—the only questions have been what form it will take, and how soon it will be initiated.

All too often in health care matters, physicians have been at the tail end of making the decisions that affect our patients and our ability to practice unimpeded. Before Medicare was enacted, President Lyndon Johnson told AMA President Edward Annis that physicians didn't have the numbers or clout to prevent it. And today we are told on Capitol Hill that the AMA represents less than 50% of American doctors. We have endured without complaint the efforts of the federal government to divide and conquer the profession by pitting the generalists against the specialists. Have we forgotten the story of the German who said, "I didn't complain when they came for the Jews, because I wasn't a Jew. I didn't complain when they came for the Catholics, because I wasn't a Catholic. I didn't complain when they came for the Protestants, because I wasn't a Protestant. Then they came for me — and there was no one left to complain!" Can we afford to be compla-

The one strength physicians have is that no one else can do what we do! I've seen a bumper sticker that reads: "Need health care? Dial 1-800-CLINTON." Nonetheless, the government can't practice medicine — only we can. Too often we have neither recognized nor used this strength. I am in no way suggesting a doctors' union, only what

a union does: seek the benefit of its members. The proposed physician network is a method of uniting Kansas physicians in an effective health care delivery organization that can deal with the emerging changes in health care and be a participant in those changes — rather than being an onlooker, as in the past. To be successful, it must work in the best interests of the patient.

Of course, our opponents don't think physicians can come together in any endeavor. "They're a bunch of individualists with godlike egos," they say, "and it's easy to split them apart." There have been and will continue to be differences of opinion on the way to structure the organization; the way to capitalize it; how to deal with payment, existing networks of physicians and of hospitals; types of offerings, etc. These are to be expected and encouraged! Only through this type of free exchange will the right solution be achieved. Yes, there are things to be settled in the days and months ahead, but nothing that men and women of good will and common goals cannot attain. None of us likes change, but we will like it even less if we fail to be a player in the changes being made.

Raising the required capital for the network is necessary to avoid antitrust allegations. The same mechanism was used in the very successful organization of KaMMCO. Like KaMMCO, this will be a separate entity open to KMS members. There is a possibility that the stockholders in the network may receive dividends. And like any other investment we make, it is also true we may lose money. However, that is not — and should not be — the determining factor in evaluating this organization.

Some have observed that the economic factor should not be a determinant in selecting the best treatment for the patient, and that putting the physician at financial risk may make him or her think more of the cost than of the patient. And it's true that this could happen. However, if we remain patient-centered in our focus and do what is best for them, savings will still accrue without having to sacrifice quality patient care. The goals of the network are to be patient-centered and

(Continued on page 112.)

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A Healthy Organization

ne thing I know with certainty as I look toward the coming year as President of the Kansas Medical Society. That is that we have a truly outstanding staff. And that is the one thing that gives me great confidence for the coming year. We should remem-



ber that the function of the Kansas Medical Society staff is to support us, the leaders and membership of the Kansas Medical Society and the Alliance. But we should also remember that the relationship is reciprocal. The staff make our jobs easier, and hopefully, we make their work more

We also need to remember that leadership is more than one person or even a committee. It includes all of us; those who have preceded, those who will follow and those who work in the trenches. For our, or any, organization to be strong and vital and to grow, its staff and membership must share three qualities, or characteristics: loyalty, cooperativeness and generativity.

The first of these qualities is *loyalty*. Warren Meyer, M.D., in his editorial in last December's issue of Kansas MEDICINE, described loyalty quite well (and how fitting that he used Val Braun as an example). To quote Dr. Meyer's editorial, "loyalty is built on relationships to persons, principles, ideals and values. It assumes that the relationships we are born into . . . such as our families ... or the relationships we choose ... such as marriage, friends, church or employment ... should continue. And that the bonds built by these relationships will strengthen *both* parties and eventually make us a stronger nation." When we are inundated by media accounts of professional athletes jumping from one team to another, or chief executive officers of large corporations cashing in their stock options and moving on, it would seem that loyalty has become passé. But in reality, loyalty is a crucial part of the very fabric of our society and our relationships.

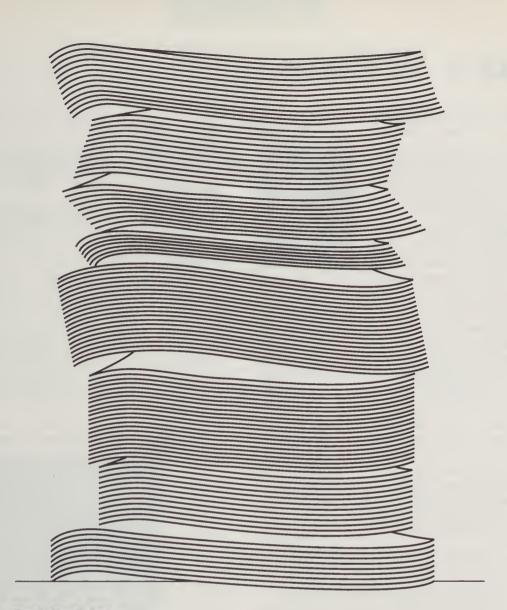
The second quality is cooperativeness. In a re-

cent article describing the dimensions of temperament and character that, together, describe personality, one dimension that was emphasized was that of cooperativeness. A cooperative individual is described as socially tolerant, empathetic, helpful and compassionate. Our image or stereotype of strong, dynamic, successful individuals or leaders many times is quite divergent from that of cooperativeness. Sometimes we may confuse cooperativeness with being weak or wishy-washy. But in fact, cooperativeness is one indicator of a healthy person. And healthy persons build healthy organizations.

The third quality or characteristic is that of generativity. In his book Childhood and Society, Erik Erikson described the specific developmental stages or tasks in the human life cycle. In middle age, the developmental task is that of developing generativity. This is the concern for establishing, guiding and nurturing the next generation. This quality applies to our relationships not only with our children and grandchildren, but also to our relationships with other individuals and organizations. One example is that of a mentor. When an individual is unable to successfully negotiate the development of generativity and remains fixed in self-interest, the results are stagnation, boredom and a sense of isolation. But the most severe consequence is problems in the next generation. The concept of generativity also applies to organizations. Dynamic organizations, such as ours, reinforce the process of generativity and are reinforced by that process.

I encourage, even challenge, all of you to remember these three qualities: loyalty, cooperativeness and generativity. And I challenge you to continue to practice them in your families, in your work and profession, in your communities, in the Kansas Medical Society and Alliance, in the American Medical Association, and as citizens of the State of Kansas and the United States.

Donald R Brade, MD



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Dutta v. St. Francis

WAYNE T. STRATTON, J.D.,* Topeka

he Kansas Supreme Court recently decided a case which may have far-reaching implications for physicians who are either employed by hospitals or have an independent contractor relationship with hospitals. In *Dutta v. St. Francis Regional Medical*



Center, Inc., the issue before the court was whether a termination of a physician's contract was effective without a due process hearing.

Dr. Dutta was a radiologist who began working in the radiology department of the hospital on July 1, 1987, as an employee of another physician who was the medical director of the hospital's radiology department. The medical director's employment was terminated in 1988, and Dr. Dutta remained in the department under a written agreement with a primary term of 90 days. Another physician was then offered the position of medical director and given a contract which provided that he had the right "to provide radiation oncology services on an exclusive basis." Ultimately, an exclusive contract was authorized by the hospital, and Dr. Dutta was notified she would not be permitted to provide radiation therapy services at the hospital. She requested a hearing on the hospital's decision to revoke her right to use the hospital's facilities. This was denied.

Dr. Dutta sued the hospital and obtained a verdict in excess of \$500,000. Just prior to suit, the court determined that she did not have a right to a due process hearing with regard to her employment contract.

The hospital contended that it could deny Dr. Dutta access to equipment without altering her staff privileges; consequently, the due process hearing right was not triggered. The appellate

court found that Dr. Dutta's staff membership remained intact and that the decision to revoke her access to the radiology facilities was purely a business decision.

The American College of Radiology filed an amicus brief supporting Dr. Dutta. It asserted that personnel decisions can affect the quality and availability of medical care, regardless of the basis for the decisions. The College emphasized that public policy demands that the medical staff be given the opportunity to identify and assess the medical care ramifications of excluding or including particular physicians. It argued that the governing board, which normally is composed of lay persons unschooled in medical science and practice, should have the benefit of the medical staff's judgment.

The hospital bylaws provided that any practitioner who receives notice of an adverse action that will affect his appointment to or status as a member of the medical staff, or his exercise of clinical privileges, will be entitled to a hearing. The bylaws further provided that the hearing is for the purposes of resolving, on an intra-professional basis, matters bearing on professional competency and conduct. In addition, the bylaws provided that "membership on the medical staff of St. Francis Regional Medical Center does not denote the right to exercise the clinical privileges requested."

The court of appeals ordered a new trial on the damage issue. (See article in "Medicina et Lex," KANSAS MEDICINE, July 1993.) The supreme court determined that the bylaws "when considered as a whole, support the conclusion of the court of appeals that Dutta was not entitled to a hearing because the hospital's managerial decision was based on business considerations." The court cited several cases from other jurisdictions in support of its reasoning and distinguished it from a Tennessee case which had received considerable attention from health law commentators.

In essence, the court has determined that if bylaw provisions support the conclusion, there is a clear distinction between clinical privileges and medical staff membership. Apparently, the former may be terminated if the hospital medical staff bylaws so provide, without affecting the latter.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

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Introducing the New Alliance President

ellow members,

I would like to introduce my wife, Nancy Craig, who assumed the leadership of the Kansas Medical Society Alliance at the annual KMS/KMSA meeting in Manhattan on April 30.

Nancy and I have been married for 25 years. We have four sons: Scott, a 21-year-old student at Colorado College; Darrin, who is 18 and a student at the University of Kansas; 16-year-old Andrew, a high school sophomore; and Patrick, an 11-year-old fifth grader.

Nancy graduated from K-State with a degree in elementary education and taught school during our medical school years. She enjoys painting, reading, golf, volleyball, and any activity that involves her children. In our community, Newton, she has served on the recreation commission, where during her presidency she was instrumental in developing the Newton Wellness and Fitness Center. She is a graduate of the Leadership Newton Class and most recently served on the hospital capital campaign committee to raise funds for a new hospital here. Other volunteer work has included helping to establish a play hospital to help young patients adjust to their first hospital visits, and assisting in organizing a Volunteen program.

She has been active in the schools, having taught computer programming and served as a reading tutor. She was a member of the district strategic planning team to help our schools prepare for changes in education, and she is a member of the parent advisory council in the high school.

Nancy is a lifelong member of the Episcopal Church, where she has served as a teacher and member of the altar guild. She is currently on the vestry, the governing body of the church.

Nancy's theme for the coming year is "Reach for the Stars." She has selected four primary "stars," or focus areas:

- Legislation. Nancy will continue to involve Alliance members in the legislative process, promoting contact with our legislators and starting a mini-internship program in which community leaders or legislators spend a day working with a physician.
- Health issues will continue to be a primary area of involvement. The Alliance will be involved with the Governor's Conference on Child Abuse Prevention, in obtaining bone marrow and organ donors, and in The Caring Program for Children. Increasing the awareness and importance of fitness and wellness as preventive medicine will be another focus area. Environmental issues will be added this year as a new interest of the Alliance.
- AMA-ERF fund-raising will continue to be a prominent alliance project, and there will be many efforts across the state to support this scholarship program.
- Membership. The fourth focus area involves working to increase membership numbers and to make all physicians and spouses aware of what the Alliance and the KMS accomplish across the state and nation.

Nancy feels that one person can make a difference, and she is encouraging individual members, as well as county alliances, to set goals for their own "stars."

Nancy brings experience and a caring, hard-working personality to the leadership of the Alliance. Her concern and expertise will represent the best Kansas medicine has to offer.

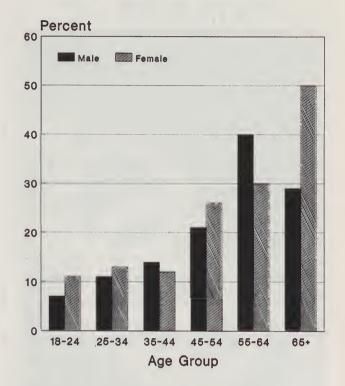
Charles C. Craig, M.D.

Hypertension in Kansas, 1992

Approximately 21% of adult Kansans report elevated blood pressure (systolic blood pressure ≥140 mm Hg and/or diastolic blood pressure ≥90 mm Hg) or are currently taking antihypertensive medication. This estimate is derived from the 1992 Kansas Behavioral Risk Factor Survey (BRFS), consisting of interviews with 1,440 Kansas residents. The BRFS is a random-digit-dialed telephone survey coordinated by the Centers for Disease Control and Prevention to assess health risk behaviors related to chronic diseases and injuries. The national BRFS includes 48 states and the District of Columbia.

The results from the Kansas survey are similar to the national results; the prevalence of high blood pressure rises progressively with increasing age (Figure). Men generally have a higher prevalence of hypertension earlier in life and through middle age, whereas women have a higher prevalence of high blood pressure later in life. Hypertension is also more common in the black population than in the white population. The estimated prevalence of hypertension awareness in Kansas (21%) is similar to the median prevalence of hypertension awareness in the United States (20%).

People with uncontrolled hypertension are three to four times more likely to develop coronary heart disease and have as much as seven times the risk of having a stroke as do those with normal blood pressures. Hypertension is also associated with an increased risk of developing congestive



Estimated prevalence of hypertension by age group and sex in Kansas, 1992.

heart failure, renal insufficiency, and peripheral vascular disease.

The negative health effects of high blood pressure can be greatly reduced by modifying certain lifestyle behaviors such as weight, physical activ-

RECOMMENDATIONS FOR FOLLOW-UP BASED ON INITIAL SET OF BLOOD PRESSURE MEASUREMENTS FOR ADULTS AGE 18 AND OLDER

Initial Screening Blood Pressure*		
Systolic	Diastolic	Follow-up Recommended†
<130	<85	Recheck in 2 years
130-139	85-89	Recheck in 1 year (Consider providing advice about lifestyle modifications.)
140-159	90-99	Confirm within 2 months
160-179	100-109	Evaluate or refer to source of care within 1 month
180-209	110-119	Evaluate or refer to source of care within 1 week
≥210	≥120	Evaluate or refer to source of care immediately

^{*}If the systolic and diastolic categories are different, follow recommendations for the shorter time follow-up (e.g., 160/85 should be evaluated or referred to source of care within 1 month).

[†]The scheduling of follow-up should be modified by reliable information about past blood pressure measurements, other cardiovascular risk factors, or target-organ disease.

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Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage, although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon* is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug. ^{1,2} Also dizziness, headache, skin flushing reported when used orally. ^{1,3}

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence. 1,3,4 1 tablet (5,4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks. 3

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

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- A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
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ity, dietary sodium intake and alcohol consumption. Although cigarette smoking is not directly related to high blood pressure, patients should be advised to avoid tobacco use because of the strong association with cardiovascular disease and stroke. Reducing dietary saturated fat and cholesterol intake is also recommended for improved cardiovascular health.

The early detection, treatment and control of high blood pressure can reduce the risk of premature morbidity, disability and mortality. Current recommendations from the National Institutes for Health for the evaluation of blood pressure readings are given in the table.

Reported by: Office of Chronic Disease and Health Promotion, Kansas Department of Health and Environment.

EDITORIAL COMMENT

(Continued from page 104.)

physician-friendly. As long as we remain faithful to those objectives, we will succeed. The moment we forget or neglect them, we will fail.

It is said the Chinese characters for "crisis" and "opportunity" are almost identical, and we have before us the means to answer which it will be. The current crisis in health care represents an opportunity for us that may never come again. Will we have a network or a tangled web? The answer lies within each of us. At another time of crisis in our nation's history, Benjamin Franklin said, "We must all hang together, or assuredly we shall all hang separately." w.e.m.

Disseminated Histoplasmosis Treated with Fluconazole

KAREN S. BRIDGE, M.S., M.T., * AND HEWITT C. GOODPASTURE, M.D.†

istoplasma capsulatum is a soil fungus indigenous to Kansas and the central United States that occasionally causes severe infection in humans. Amphotericin has been the gold standard for antifungal therapy of disseminated histoplasmosis, but prolonged therapy (approximately 20 mg/ kg to 30 mg/kg total dose) is generally recommended. In 1981, ketoconazole, an oral antifungal agent, was released for the treatment of certain systemic fungal infections, and some patients with disseminated histoplasmosis have been treated using ketoconazole, with favorable results. However, ketoconazole has the distinct disadvantages of unpredictable gastric absorption, unmeasurable spinal fluid and urine levels, and potential severe hepatotoxicity.

Fluconazole, a triazole antifungal agent, has been used primarily to treat cryptococcal infection, but there has been some conflicting evidence that it may be useful in treating histoplasmosis. Fluconazole does not appear to have the hepatotoxicity of ketoconazole. It is well absorbed, even in lowered gastric acidity, and produces measurable levels in the spinal fluid and substantial levels in the urine. This report describes the dramatic response of a patient with acute disseminated histoplasmosis to fluconazole administered in a dosage of 200 mg daily for six months. There has been no evidence of relapse

18 months following treatment.

Case Summary

A 46-year-old white male, manager at an aircraft manufacturing company, had been in good health except for chronic smoker's bronchitis. In early April, he assisted in sawing up a dead tree on some property he owned in south-central Kansas. Approximately two weeks following this, he began having fever to 102° F. with night sweats.

He had some cough and a pleurisy-like chest pain. He experienced poor appetite and nausea, and he began to lose weight.

On physical examination, the patient looked cachectic and chronically ill. There was no lymphadenopathy. His lungs were clear, with diminished breath sounds compatible with emphysema. A cardiac exam was normal. The abdominal exam showed a very firm, enlarged liver down about 4 fingerbreadths below the right costal margin.

The chest x-ray showed multiple macronodular lesions appearing throughout both lung fields and ranging in size up to 3 to 4 cm in diameter (Figure 1). Liver tests showed an alkaline phosphatase over 1300 (normal up to 225), with modest elevation of other transaminase values in the low 100s. A percutaneous biopsy of one of the lung nodules was performed. The histologic finding was nonspecific inflammation. A bronchoscopy was nondiagnostic. A liver biopsy revealed multiple granuloma.

Based on his clinical history, physical, and laboratory findings, the patient was suspected to have disseminated histoplasmosis. Since he did not appear to be acutely ill, we began a trial of therapy with fluconazole 200 mg daily. A week later, the lab reported growing histoplasmosis from the bronchoscopy and needle biopsy specimens from the lung nodule. The patient stated he was feeling significantly improved, and his fever had resolved. His appetite had improved, and his strength was better. He elected to continue fluconazole 200 mg daily. The patient continued to improve over the next six months, with a steady decline in the abnormal liver tests and a resolution of liver enlargement (Table 1). Within one month, he had returned to work and within four months, he had regained his baseline weight. A chest x-ray obtained four months after starting the fluconazole showed almost complete resolution of the lesions seen on x-ray (Figure 2). He completed six months of fluconazole and has now been followed for 18 months since discontinuing the therapy. There has been no sign of relapse.

^{*}Microbiologist, St. Francis Regional Medical Center, Wich-

[†]Dept. of Internal Medicine, UKSM-W.

Address correspondence to Dr. Goodpasture at 1100 N. St. Francis, Suite 130, Wichita, KS 67214.



Figure 1. Chest x-ray obtained prior to therapy showing macronodular lesions due to H. capsulatum.



Figure 2. Chest x-ray obtained at completion of therapy showing clearance of Histoplasma nodules.

Discussion

The discovery of the antifungal activity of the azole derivatives has provided a large number of compounds that may be useful alternatives to amphotericin B. The derivatives with an imidazole nucleus have shown good in vitro antifungal activity. Unfortunately, there have been problems with the pharmacology and toxicity of these agents, which has limited their usefulness. A derivative with a triazole nucleus, fluconazole appears to be much less toxic and has a high degree of bioavailability in humans, penetrating well into the spinal fluid and being excreted unchanged in the urine. However, there has not been a good assay system developed to test fluconazole in vitro for susceptibility to a variety of fungal organisms, including histoplasmosis. Using the current methodology for susceptibility testing of fungi, the drug does not appear to be particularly active against histoplasma.3

Beyond the in vitro data, the in vivo studies

of fluconazole against histoplasmosis have shown varied results. Pottage and Sha⁵ reported a patient infected with human immunodeficiency virus who developed histoplasmosis while on cryptococcal prophylaxis, receiving 200 mg of fluconazole daily. Medoff and colleagues⁴ found that fluconazole required twice-daily dosing to show comparable effect to amphotericin in normal and leukopenic mice. Furthermore, *H. capsulatum* could be cultured from the spleens of some surviving animals at the end of treatment. In a recent review, Wheat⁶ indicated that the role of fluconazole in therapy for histoplasmosis remains unknown until ongoing clinical trials are completed.

On the other hand, Diaz and the Pan-American Study Group² reported 8 patients with disseminated histoplasmosis who were successfully treated using dosages of fluconazole that ranged from 200 to 400 mg daily. Responses appeared to be uniformly good, and five patients were followed between 6 and 15 months post-therapy without

TABLE 1
SELECTED LABORATORY TESTS MONITORED DURING FLUCONAZOLE TREATMENT OF DISSEMINATED HISTOPLASMOSIS INFECTION

21/91	5/28/91	7/25/91	8/29/91	11/15/91	3/18/92	2/3/93
	1050 730	660 550	368 425	262 292	186 146	178 NT 24
	340 790 81	340 1050	340 1050 660 790 730 550	340 1050 660 368 790 730 550 425	340 1050 660 368 262 790 730 550 425 292	340 1050 660 368 262 186 790 730 550 425 292 146

evidence of relapse. The patients included four with oral disease, four with pulmonary disease, two with meningitis, and one each with laryngeal and lympahatic disease. Several of the patients had very long-standing disease prior to initial therapy. However, one patient died from other causes three months post-therapy, and his bone marrow cultures were positive for *Histoplasma* at autopsy.

Our patient was stable clinically, despite widespread disease, and he refused amphotericin as initial therapy. Because of the recent history of active acid peptic disease, he was taking ranitidine regularly. Furthermore, because of his very abnormal liver enzymes, we were reluctant to employ ketoconazole. We offered him the opportunity to try fluconazole 200 mg daily on a trial basis. He had a dramatic improvement in his symptomatology within a week, and a steady decline in his abnormal liver enzymes and physical findings. Subsequent chest x-ray likewise was clear of the large plaque and nodular lesions seen on the initial studies. The patient had no side effects while taking the fluconazole, and he was able to return to work as an aircraft plant manager within two weeks of initiation of treatment. Although fluconazole has only inhibitory properties against Histoplasma, and although the in vitro susceptibilities are not at all impressive, fluconazole worked quite effectively in the treatment of this patient. Eighteen months after completion of therapy, he has shown no indication of relapse.

Based on this experience, we believe that larger trials will confirm the utility of fluconazole in the treatment of histoplasmosis of all types in immunocompetent patients, confirming its effectiveness as an alternative to the toxicities and other problems associated with prolonged intravenous

amphotericin B.

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PREVENTIVE MEDICINE

(Continued from page 116.)

ing, and diminish accessibility to alcohol, tobacco and drugs. Last, enhance efforts in the clinical setting toward detecting adolescent drug use, and counsel or refer these patients as appropriate.

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CARDIOLOGY NOTES

(Continued from page 120.)

clinical restenosis rates are generally lower and more representative of the actual number of patients who will require repeat intervention.

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Can Drug Use in Adolescents Be Prevented?

MARK P. KEREKES, M.D., * Kansas City

he impact of alcohol, tobacco and substance abuse on American adolescents is staggering. Alcohol is associated with 50% of motor vehicle crashes, 50% of homicides and 30% of suicides the three leading causes of death in young adults.¹ Thirty-five percent of pregnant teenagers report first trimester binge drinking.² Treatment of fetal alcohol syndrome, the leading known cause of mental retardation in developed countries, has been estimated to cost more than \$300 million in the U.S. alone. There has recently been a 2% rise in cigarette smoking among adolescents.³ These and other examples show that the "war on drugs" has not been a success. But can anything be done to curtail legal and illegal drug use among American teens? This article will review several models of prevention and focus on recent interventions in this area.

Most prevention strategies, focusing on early junior high school students, have attempted to delay onset of abuse of tobacco, alcohol and marijuana — the so-called gateway drugs, whose use often precedes initiation of harder drug use. Programs follow one of three approaches: increasing knowledge and changing attitudes (scare tactics); developing peer refusal and social competency skills; and teaching values and decision-making skills. Recently, the rational (knowledge-based) approach using scare tactics has been shown to be ineffective.

Overall, the most promising results have been in programs which influence peer relationships and focus on psychosocial factors promoting drug use initiation. Known as the social influence model, these programs view initial substance use as a social phenomenon that is caused by prodrug messages from peers, adults and the media. Project Alert, in Oregon and California, has shown a 30% reduction in marijuana initiation in seventh and eighth graders by challenging beliefs

that either encourage use or inhibit refusal of drugs.⁷ Interestingly, groups using a teen leader demonstrated long-term reductions in pro-drug beliefs, while the adult-led groups did not. Project STAR, a community-based program in Kansas City, sought to address the powerful influences of the media, parents, community leaders, school and government.^{4,7} Significantly lower usage of cigarettes, marijuana and alcohol were seen at one-year follow-up.

Adolescent drug prevention programs, while showing some positive responses initially, generally show erosion of effect after two to three years.⁷ Nonetheless, an important observation is the beneficial effect of both peer and parental involvement.¹

Other approaches target advertising, alcohol and tobacco prices and drunk-driving policy. Because children link drinking with romance, sociability and relaxation, there have been calls for increased regulation and even a complete ban on advertising. Proponents of raising alcoholic beverage prices note a drop of 27% in the real price of beer between 1960 and 1980. For every 10% increase in the cost of cigarettes, a 4% drop in consumption results. Congress will consider the High-Risk Drivers Act, which encourages states to set a 0.02% blood alcohol limit for teens, and to suspend automatically the licenses of those convicted of alcohol offenses, termed zero tolerance.

While no evidence yet exists that brief office counseling is beneficial for children, studies have shown that this strategy can be useful in adults.¹

To combat the growing epidemic of alcohol, tobacco and substance abuse in the young, health professionals will need to follow three approaches. First, develop specific prevention and treatment strategies for individuals genetically susceptible to conditions such as alcoholism. Second, lobby for and participate in community-based interventions which modify peer and role model influence, minimize the impact of advertis-

(Continued on page 115.)

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Conservative Treatment of Splenic Lacerations

DAVID BRAKE, M.D.,* Wichita

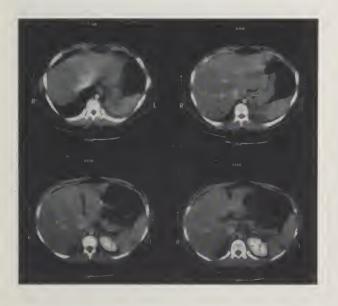
n 11-year-old presented with back and abdominal pain after being thrown from a pickup truck. The initial CT scan of the abdomen (Figure 1) showed a 3.0 cm by 4.0 cm area of anteromedial splenic laceration, and a 2.0 cm by 4.0 cm area of posterolateral splenic laceration. A small amount of fluid surrounded the spleen, but no free fluid was in the peritoneal cavity. A small left pleural effusion was present. The patient was treated conservatively and remained clinically stable. An abdominal CT scan done four days later showed the splenic lacerations to be unchanged, and the spleen remained stable in size. The pleural effusion previously seen had resolved. A followup, outpatient abdominal CT, done three weeks later, showed markedly smaller splenic lacerations, each measuring 1.0 cm by 1.5 cm (Figure 2).

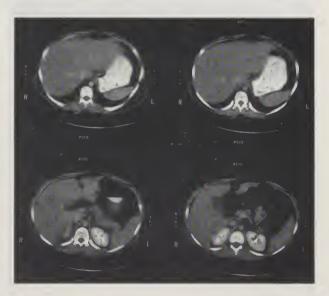
Discussion

CT scanning of the abdomen now plays a major role in the evaluation of blunt trauma. This case demonstrates splenic injury with two lacerations, but no free fluid in the peritoneal cavity. Therefore, this injury would have been undetected by four quadrant taps of the abdomen. Although sonography is generally an excellent imaging technique in the abdomen, sonographic evaluation of the spleen is inferior to that of CT because of the presence of adjacent bowel loops. CT scanning has contributed greatly to the detection and conservative management of splenic injuries, and has demonstrated that the spleen has considerable capability to heal. Splenic preservation is especially desirable in younger individuals for the maintenance of immunologic function.

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Eye Injury: Kansas Ophthalmologists' Quest for Prevention

D. W. BELL, M.D.,* Overland Park

ye trauma is a leading cause of blindness and visual impairment that affects hundreds of thousands of Americans, yet it is the most preventable and treatable of all eye disease. Ninety percent of all eye injuries can be prevented. Eye injuries are the most common cause of blindness in just one eye and may create a lifelong disfiguring disability. Injuries less serious than blindness may still result in considerable pain, suffering and expense and may require extensive medical care, including surgery, hospitalization and repeated treatments over a long period.

Eye injury is a growing problem. Over 2.4 million eye injuries occur each year — 2,500 every working day in America — and at least 40,000 Americans suffer vision-related problems, often permanent, as a result of such injury. Eye injury is second only to cataract as the most common cause of impaired vision. About 1 million people in the United States are visually impaired in some way, due to eye injury, and of these 75% have become blind in one eye. Hospital emergency room personnel see an estimated 70,000 sports-related eye injuries each year, nearly one-third in children under the age of 15 years. One of every 20 patients seen by an ophthalmologist is there because of an injury.

Despite the scope of the public health problem presented by eye injuries, the subject has not received the attention it merits. Only three cents of every dollar spent by the government on eye research goes to support studies related to injuries. There is little reliable information on incidence, severity and causes. Such information is basic to the understanding of circumstances and mechanisms involved. This type of information is of great value because it can be used to establish programs, preventions and new treatments to save sight.

Because there are no Kansas data regarding eye injuries, and therefore no ways to plan for prevention, the Kansas Eye Injury Registry (KEIR) is attempting to collect information on all significant eye trauma occurring in the state. This non-profit service is sponsored by the Kansas State Ophthalmological Society (KSOS). Information collected on causes of and places where eye injury occurs will be used in programs to help protect Kansans from loss of eyesight due to injury. The KEIR is the only statewide project of its kind.

The registry works by having eye trauma reported to it by treating ophthalmologists and their staff or hospital emergency room staff. Only significant eye injuries that could result in permanent visual impairment are reported. Data are then stored in the central computer, and a sixmonth follow-up is carried out to evaluate the final outcome of the injury. The Kansas project was begun on February 1, 1991. Since that time, it has logged over 200 injuries. This does not represent all the injuries in the state during this time; only those reported to the registry. It is hoped that increasing numbers of injuries will be reported until we reach 90 to 100% reported each year.

So far we have learned that in Kansas 70% of eye injuries occur at home. As might well be suspected, the front of the eye receives more injuries than any other part, but the vitreous and retina are frequently injured too. Eye protection is not used in the majority of cases. In those for which we have information, drug and alcohol use are not predominant factors. Intentional injury by assault is the cause in 10% of cases, while injury is unintentional in 90%. Bystanders were injured in 15% of the cases.

In Kansas, 30% of eye injuries are work-related, and the most common causes are injury by nails or other blunt objects and hammering on metal. Statistics have shown that most injuries occur when no eyeglasses (either regular or safety) are worn. Since OSHA has begun identifying eye hazards in many workplaces and has mandated

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Perry N. Schuetz, M.D., Great Bend, contributed some information to this article.

the use of eye protection, the number of work-related accidental eye injuries has declined.

Less than one percent of injured eyes had been injured prior to the reported injury. As would be suggested by Kansas demographics, whites are more often injured than any other race. Injured males outnumber females by almost ten to one. Forty-seven percent of all injuries in the state occur between 0 and 20 years of age, 29% occur in people from ages 21 to 40, and 24% occur in Kansans over the age of 40.

Reporting in the last two years has revealed two interesting new sources of injuries: auto air bags and bungee cords. Serious blunt injury from air bags, requiring surgery to repair, has occurred in three people. Under certain circumstances, air bag propellants can cause chemical injuries. Bungee cords have accounted for two people losing vision totally due to cataract, retinal detachment and glaucoma. These injuries occurred when the stretchy cords retracted suddenly, and the endpiece struck the victims' eyes.

To encourage volunteer reporting, the forms used are very brief. They were developed through the United States Eye Injury Registry and designed so that the information is reported consistently and comprehensively enough to be valuable. Because the impetus for this project is to develop prevention and treatment modalities, the members of KEIR hope a collective statewide and national effort will yield sufficient data to provide vital information on eye injury and visual loss. KEIR hopes it can help people think differently about accidents. People tend to assume accidents will happen to a neighbor, to the the other guy, but not to them. If we can convince people of the possibility of eye injury, and teach them how to avoid it, we will have accomplished something. Questions about this project should be directed to the Kansas Eye Injury Registry, Kansas State Ophthalmological Society, P.O. Box 4842, Topeka, Kansas 66604; 913-234-9719.

Kansas specialty societies are encouraged to submit similar reports on their activities and projects for publication in KANSAS MEDICINE.

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Atherectomy Similar to PTCA for CAD

DONALD L. VINE, M.D.,* Wichita

With a reported occurrence of 30% to 50%, restenosis remains the major limitation of percutaneous coronary angioplasty (PTCA). For this reason, traditional balloon dilation has been challenged by a number of alternative technologies developed in the hope that restenosis can be reduced, of not eliminated.

Directional atherectomy (DCA) catheters employ a caged shaver that is pressed against coronary artery plaque by inflation of a positioning balloon. The atheromatous material is then shaved off and captured within the cage.

After initial FDA approval, more than 50,000 DCA angioplasty procedures were performed before the first randomized trials that directly compared the results of DCA with balloon angioplasty were completed and reported.

CAVEAT Study

A multicenter consortium of 35 institutions enrolled 1,012 patients representing 11% of all interventional procedures at the participating centers. Selection was based upon the presence of a partially obstructed artery of at least 3 mm diameter that was suitable for either PTCA or DCA.

Two-thirds of the patients had unstable angina. About 60% of the lesions involved the anterior descending and 30% the right coronary artery. Crossover rates were 17% from DCA to PTCA and 4% from PTCA to DCA. Additional catheter interventions were required in 26% of DCA vs. 14% of PTCA patients.

Initial success was 96% for both procedures as assessed by the physicians performing the studies, but differed in favor of atherectomy 82 vs. 76%) at off-site review of the films.

Clinically important complications, such as death, EKG myocardial infarction and coronary bypass surgery, occurred more frequently in the

Early complications & late restenosis Restenosis at F/U Uncomplicated DCA DCA PTCA Triai PTCA 50% 57% CAVEAT 95% 91% 91% 46% 43% Canadian

DCA group (11 vs. 5%). When enzyme changes were considered, the myocardial infarction rate for DCA was twice that of PTCA (19 vs. 8%).

Ninety percent of the eligible patients underwent follow-up angiography at six months. The rate of restenosis to less than 50% obstruction was not significantly different for DCA than for PTCA (50 vs. 56%). There was a suggestion that stenosis responded more favorably to DCA (63 vs. 51%). Stenoses at other sites had an angiographic restenosis rate of about 50% with either procedure.

Canadian Study

Patients with suitable stenosis of the proximal left anterior descending coronary artery were randomized to undergo DCA or PTCA (138 and 136 patients, respectively). More patients undergoing PTCA had unstable angina. Initial success without any adverse event was 91% for each group.

After an average follow-up of 5.9 months, angiographic restenosis to more than 50% was present in 46% of the atherectomy group and 43% of the angioplasty patients.

Comments

These studies do not support the routine use of DCA over PTCA for treating patients with symptomatic coronary artery obstruction, especially in the setting of unstable or progressive angina. Although the CAVEAT study suggested a benefit for the subset of patients with proximal LAD stenosis, the Canadian study, which was confined to LAD lesions, does not support this observation.

While angiographic restenosis rates approximating 50% for either procedure seem high, the (Continued on page 115.)

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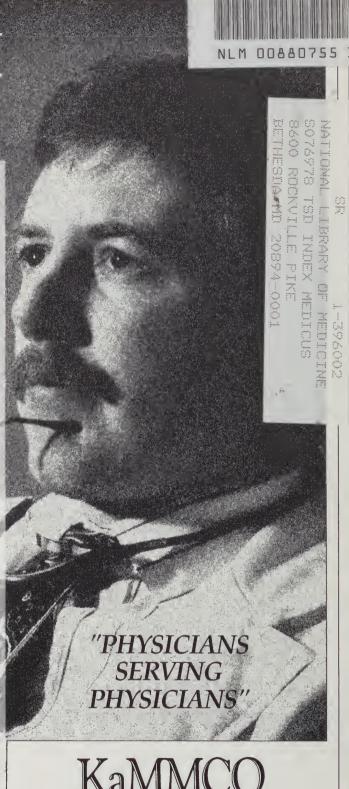


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ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of Kansas Medicine for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for Kansas medicine by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

This month's cover features the *Keeper of the Plains*, a 50-ton steel sculpture that rises 44 feet above the ground in front of the Mid-America All-Indian Center in Wichita. The sculptor is the late Kiowa-Comanche artist Blackbear Bosin (1921–1980). The figure's feet are firmly planted on the ground, while his arms are raised heavenward; the sun seems to be captured in his hands. Summarizing his feelings about the statue, Blackbear Bosin wrote: "I have a song to sing,/ To our mother the earth,/ To our father the sun. . . . / We are all here as one,/ The one makes us all."

The sculpture stands in silent tribute to the Native Americans who lived and hunted here before the advent of the white man. It is symbolically located at the confluence of the Big and Little Arkansas rivers, serving as a reminder that like the flowing waters of the river, history is never-ending. The Keeper faces the downtown area of Wichita. To his back is the Indian Center, which houses meeting rooms and a museum of Plains Indian history.

Every July the Indians of the region gather for the Mid-America All-Indian Pow Wow, which will be held this year on July 29–31. At the powwow, Indians wear their authentic native dress and perform traditional dances. Native American foods are served. This is an excellent opportunity to learn more about Plains Indian culture, to see the rich colors and styles of tribal dress, to recognize the meaning of dances — and to have a good time while learning. Plan to attend if you can; it's well worth the trip.

Editor's note: We would like to acknowledge the cooperation of the Wichita Convention and Visitors Bureau and Ms. Sherry Graham for their assistance in allowing us to use the cover photo. A stylized facsimile of this picture is the Bureau's logo.

"Gentlemen, This Is a Football"

After a particularly humiliating defeat, football coach Vince Lombardi is said to have begun the next players' meeting by holding up an ovoid spheroid filled with air and saying, "Gentlemen, this is a football." He believed the team's play the pre-



ceding Sunday had been so poor that they must have forgotten the fundamentals of the game. So he started from the beginning. It's a good story and reminds all of us that it is sometimes good to pause and reflect on the important aspects of our life, profession and relationships.

For physicians, this means going back to the beginning to see where we came from, what our goals and objectives were when we elected to pursue medicine as a profession, how they have been fulfilled or unfulfilled, and where we go from here.

Some years ago, in an informal talk, S. Bernard Wortis, M.D., the Acting Dean of New York University Medical School, formulated ten "Commandments for the Clinician." Dr. Harry F. Klinefelter, Associate Professor of Medicine, Johns Hopkins School of Medicine, edited and circulated them among the Hopkins faculty for comments and suggestions. The following are the result of this work.

First

There is no substitute for learning from direct contact with patients. A clinical discipline cannot be learned in the laboratory, by reading, or by listening to lectures. There is NO substitute for a good history, a good physical examination, and the mature clinical acumen of the physician.

Second

The practice of good clinical medicine is an arduous task; clinical responsibility is a full-time, 24-hour-a-day job. You cannot take proper care of sick people on an 8-hour, 4-day-weekly schedule and still do your job properly. Don't keep patients waiting! Take time to explain matters to them.

Third

Be optimistic; most illness is relievable, with God's help and *without* too much interference from the physician!

Fourth

Be patient. A period of observation is sometimes the only road to correct diagnosis. Don't impress patients or yourself with a mass of unnecessary laboratory tests.

Fifth

Don't be too esoteric. At the risk of seeming facetious, it is worth noting that the *commonest diseases* occur most often. Think of these first.

Sixth

Don't over-test patients into possible complicating conditions unless absolutely essential. Don't do any tests on patients that you would not do on your family or yourself, under similar circumstances.

Seventh

Use new drugs warily. It is better to learn to use a few important and basic drugs with skill than to use the last one that the detail man dropped on your desk. Many disorders result from the injudicious use of drugs, and too many hospital admissions are caused by complicated and unwise treatments.

Eighth

Physician, know thyself. Know your strengths, your weaknesses; cultivate a sense of humor; continually reexamine your own clinical work and your conduct in it. Continuously cultivate curiosity about disease process, for this is the essence of an exciting life, in clinical medicine, but treat the patient as well as the disease. Always ask for consultative help if you are stumped or if the patient requests it.

Ninth

Except in consultation, do not discuss the patients by name with other physicians or with other patients, relatives or friends. The patient's *disorder* may be discussed at any time with anyone, as long as the patient is not identified and his confidence possibly betrayed. Never discuss diseases in the hearing of patients.

Tenth

Learn from your errors, and may they be few. Remember that occasional human error is built into human function. Each mistake should teach you a lesson. Don't too easily condone the same error twice in your sense of clinical responsibility.

It may seem trite to publish these axioms again. The exploding technology of today has allowed us to do so much more than could be done with the stethoscope, the physical examination, and older diagnostic techniques. No one will deny that, but at the same time the patient demands the "old-fashioned" doctor who really cared about him and took the time to visit and counsel with him. Have we abandoned the art of medicine for the science of medicine? Are the two no longer compatible?

It's always good to take time to reevaluate our situation. The ten clinical commandments above are similar to the original biblical ones in that they are not enforceable by any law or legislative body, nor should they be; they remain in force only by the daily thoughts and acts of men and women who regard their profession as a sacred trust that is dedicated to the service of their fellow human beings. W.E.M.

VOX DOX

Help Your Patients to Avoid Adverse Drug Interactions

To the Editor:

Earlier this year, the National Council on Patient Information and Education (NCPIE) and the U.S. Administration on Aging launched a national advertising campaign to improve the safe and effective use of prescription medicines. The campaign, featuring actor Ed Asner, advises consumers to ask their doctor, pharmacist or other health care professional an important question every time they get a new prescription.

The question, "Will this new medicine work safely with the other medicines I am taking?" offers an opportunity to review the patient's en-

tire drug regimen.

Your patients may begin asking if their new prescription will work safely with the other medicines they are taking. But if they do not, we encourage physicians to take the initiative and ask patients about their other medicines before new ones are prescribed.

Robert M. Bachman Executive Director, NCPIE

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Why Did We Become Physicians?

FERNANDO UGARTE, M.D.,* Marysville

Since I became a physician many years ago, I have been asked one question numerous times: Why did you want to become a physician? I have never been able to answer that question to my own satisfaction. However, I must say that I am happy to be a doctor. Starting when I was a resident in surgery, there have been many episodes during my professional life that have reinforced the feeling that I should pursue a career in medicine.

Particularly gratifying is the ability to help sick people to get well. Once I had a patient with a massive exsanguinating hemorrhage from the colon, requiring a subtotal colectomy. He was an elderly person with no means of payment and very inadequate insurance. Nevertheless, I performed the operation. Three days later, after massive bleeding and shock, the patient was eating, doing quite well and about to be discharged. He called me to his bedside, thanked me for my services and gave me an envelope. I opened it and, to my surprise, it contained two dollars. I returned the envelope, very politely, and told the man I could not accept payment from him. It was not the amount involved; it was the fact that regardless of payment, my duty was to save his life. I still remember vividly how good I felt about this man's satisfaction, his recovery and my ability to prevent his almost sure death from bleeding.

Throughout my professional life, there have been numerous instances suggesting that this is the reason why I wanted to be a physician. I have no desire for grandeur, nor do I need to receive awards, prizes or fame. The best reward, and a constant one, is the satisfaction of doing my job well. The appreciation I sense from some of my patients and the inner feeling that I am doing a good job, regardless of the circumstances, is what keeps me going. I guess quality matters to me.

Recently I saw a patient on consultation, and since I had only been the consultant, I provided him with advice as a specialist. Yet I noticed he

kept wondering what his main problem was. One evening after I had already signed off on the case, I went back to the patient's room to say hello. Because I had some available time, I sat at the bedside with him and his wife and spent a good deal of time explaining his disease. I spoke about his prognosis, his treatment and my belief that he should not have surgery — despite the fact that as a surgeon I love to perform operations. At the end of our conversation, the patient expressed gratitude that I had taken the time to talk with him because no one else had done so, including the primary care physician who was in charge of his medical problem. His appreciation made me feel the same way I had felt years before with the patient who paid me two dollars.

Perhaps the reason why I wanted to be a physician is the feeling of being able to take care of people, being able to offer my expertise without expecting a major reward. I guess that is why I continue to be a physician and feel happy with my practice.

In this era of turmoil, when some doctors are barely able to survive, when there are increasing constraints in payments and litigation is getting out of control, it is refreshing to think we can still do a good job. I cannot vouch for all physicians who practice medicine, but I would like to think most of us feel as I do. I believe quality matters, though I must admit I cannot define it.

Quality is a very popular word in medicine. But what is quality? Businesses know and strive for it. For example, the Chicago *Tribune* staff takes pride in having a clean newspaper plant and in having very few on-the-job accidents, due to a rigorous *quality control* program.

Some time ago, I bought theater tickets by phone, and before I was given the information on seating and prices, I was told by the operator that my call was being recorded for *quality control*. Not only did I get my tickets promptly, but I was treated very courteously. Again, the word that comes to mind is *quality*.

A major automobile company, in its advertisements on television, states, "Quality is number one." This company does not necessarily make the best cars in the United States, but they are

^{*}General surgeon, Community Memorial Hospital, Marysville

Address correspondence to Dr. Ugarte at 1902 May, Marysville, Kansas 66508.

the number-one sellers. Apparently, for them the key word is *quality*.

I have always been impressed with that word, and I have always felt it is not quantity that distinguishes physicians, but quality. The ability to comfort patients, to provide good care, to talk to them, to spend time with them, should reflect quality. I mention this to express my view that one reason why we became physicians is that we find it rewarding to provide quality medicine to our patients. The general dissatisfaction of the public, the media, and even other doctors with our performance is probably derived from our shortcomings in communication, or in not being available, expectations we may have of being perfect, and our inability to find time to talk to patients. I would not recommend being a poor physician in order to spend lots of time with the patient, but I believe a happy medium should exist: being a good physician and being proud of the quality of our work. Perhaps that will reverse the trend of continuous attacks by everybody on physicians.

If we want to give a better image of ourselves, instead of emphasizing to medical students and residents so much sophisticated testing and use of computers, we should teach them that we have human lives in our hands. If we handle these lives with gentleness and care — just as we would handle our own lives, or those of our loved ones — we might be better physicians, improving the quality of our medical practice. In the process, we might also earn more respect and admiration from the public, our patients and our colleagues. This is probably why most of us became doctors in the first place.

SCHOLARSHIPS FOR PHYSICIANS

Scholarship funds are available to qualifying Kansas physicians for study in medicine or health care lasting 4 to 12 months at an approved institution. Applicants must have practiced continuously in Kansas for at least 5 years and may not be a member of a group of participating physicians larger than 5. Deadline for applications is July 31, 1994. Write the Earl L. Mills Educational Trust, INTRUST Bank, N.A., Attn: Lori Blaes Medler, Trust Officer, P.O. Box One, Wichita, KS 67201-5001.

PRESIDENT'S MESSAGE

(Continued from page 126.)

I turned to Joe Meek and said, "Come on, Joe. Let's go vote."

He looked at me incredulously and said, "You don't get it, do you, Don? We don't vote. We're alternates. Only the delegates vote." Oh, well. We did enjoy the hospitality.

I wonder how one can determine who really is the best candidate. But then, is there really that much difference between them? Hats and bandanas aside, aren't they all qualified? Otherwise they wouldn't be here. And couldn't any one of them represent us adequately?

A democracy involves selecting representatives, and that selection process is not perfect. But it somehow works.

And, yes, physicians are learning how to be politicians and how to get things done. Someone said politics is the art of compromise, and physicians, by nature and training, aren't very good at compromising. We know how things should be, and we don't want to accept anything less. But that's why we've not been very successful as a profession in shaping public policy. Politics is the act of compromise and consensus-building. That's now happening at the AMA, probably for the best.

From a notebook five inches thick — I measured mine — the delegates dealt with a compendium of resolutions ranging from Resolution #6, "Patents in Medical and Surgical Procedures," to Resolution #811, "Attestation Statements." And there was, of course, the consent calendar. As the reference committee reports were presented (Jimmie Gleason was Chair of Reference Committee E), it was obvious that many of the physician-delegates were learning the art of compromise. Everyone had the opportunity to speak out in the reference committees. In the House of Delegates, some chose to speak in opposition to the reference committee reports, but most spoke strongly in favor of giving the Board of Trustees as much support and flexibility as possible, so it could truly speak for the AMA with one voice and a voice reflecting consensus.

Because of this consensus, it does appear that the AMA has a place at the table where decisions are to be made about health systems reform. That's the art of compromise, and *that's politics*.

Donald R Brade, Mo

Politics and the AMA

ay and I arrived in Chicago for the AMA Annual Meeting Sunday evening. We were one day late because we had been attending our son Steve's graduation from Dartmouth Medical School.



When we disembarked from the taxi into the bustling lobby of the Chicago Hilton, we immediately noticed people of all sizes, shapes and ages wearing name badges and we assumed they were physicians attending the meeting. Later, when we were having dinner with Jerry Slaughter, I asked, "What are all those stickers and things on the name badges?"

"Oh, those are the campaign buttons and stickers," Jerry said. "You'll need to get around to some of the events tomorrow night." I had noticed, in my packet of information, an extensive list of hospitality suites for Saturday, Sunday,

Monday and Tuesday evenings.

The next morning at our 6:30 breakfast caucus with Oklahoma and Arkansas (chaired by Kerm Wedel), I felt absolutely naked — no stickers or pins on my badge. Surely, everybody would know I had arrived late! I noticed a few other bare badges throughout the day as we attended the various reference committee meetings. The reference committees finally concluded about 5:00 p.m. Then — on to the hospitality suites.

The first one Kay and I decided to visit was New Jersey's. As we got off the elevator on the 22nd floor, we could hear the murmur of the crowd, and rounding the corner into a long intersecting hallway, we came to the end of a line of perhaps 200 people waiting in the very warm hallway to enter a crowded suite. Inside, several people in a receiving line thanked us for coming and asked us to remember their candidate for the board of trustees in the balloting Wednesday morning. And yes, they were handing out stickers to put on our badges — my first one.

We stopped by two more suites and got more stickers for our badges. In one we were able to get close enough to the hors d'oeuvres table – stuck in a corner — to get a small handful of peanuts. In the other we waited an interminable length of time at the bar, and finally we each got

a small glass of wine.

Next on our list was the Rocky Mountain Cau-

cuses' party in one of the second-floor conference areas. We could hear the live western band as we exited the elevator and again came up to a long line of people. As we waited, we could see those who had preceded us departing with western straw hats and black-and-white bandanas, each with a candidate's logo plastered on it. As we neared the front of the line, we were met by a beaming woman who handed each of us a bandana, saying, "We hope you'll vote for our candidate, John Smith."

"Why should I vote for John Smith?" I asked. "Because he'll represent you," she responded.

"But why is he any better than his opponent?"

"Because he'll listen to you," she answered, walking on down the line handing out her ban-

As we entered the crowded, noisy party, another smiling woman approached with a stack of straw hats bearing Peter Iones' name.

"Here. Have a straw hat and vote for our candi-

date."

"No, thanks," I replied. "I have trouble

finding a hat that fits."

"These are one-size-fits-all," she responded, plopping one on my head. And sure enough, it did expand to encircle the rather large circumference of my cranium. I thought to myself, "This Peter Jones must be pretty good if he can find hats like that."

And then it was on to the New Orleans party, and more candidates and stickers, and Louisiana gumbo and a live Dixieland band. One of their candidates jumped onto the bandstand and began singing "Bye, Bye, Blackbird" with the band actually, he had a pretty good tenor voice.

In one party, I found a candidate I knew! But as I was conversing with him, his harried campaign manager rushed up, imploring him: "Come on, Art. We've got to get around and meet more

people."

As Kay and I stood watching all this, she nudged me and said, "I can't believe they're doctors. They actually look and act like politicians. This is scary."

Finally, on Wednesday morning, at the end of our Kansas-Oklahoma-Arkansas breakfast caucus,

(Continued on page 125.)

...a promise to defend...

HERE ARE THE FACTS: Over 25% of America's Physicians were embroiled in a malpractice issue in the last 12 months. More than 80% of those malpractice allegations will be closed without an award for damages. Your professional reputation and your personal assets are on the line when your professional liability carrier is not both financially sound and experienced in the law and the judicial system.

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Kansas Supreme Court Liberalizes Suits against Physicians

WAYNE T. STRATTON, J.D.,* Topeka

he Kansas Supreme Court recently decided the case of *Delaney v. Cade*, in which the United States Court of Appeals for the Tenth Circuit certified a question for the Supreme Court to decide Kansas law.



Plaintiff Julie Delaney's car collided with another automobile. As a result of the accident, the plaintiff suffered numerous injuries, including a transected aorta, lacerated knees, three fractures in the right arm, a broken nose, facial lacerations and neck fractures. She was transferred from one hospital to another and later claimed that she lost feeling in her legs in the interval. She was then transferred to KU Medical Center, where she underwent surgery to repair the transected aorta.

The plaintiff claimed that as a result of the thrombosed aorta, she is permanently paralyzed. She contended that the treatment and the delay deprived her of a significant chance to better recover from her permanent injuries. One of the plaintiff's expert witnesses opined that 10% of patients in such condition will suffer permanent paralysis, regardless of how the injury is managed, and 90% will not suffer such permanent injury. He was unable to determine whether the plaintiff was in that 10% or in the other 90%.

The Kansas court has never before been faced with the question of whether a claim could be asserted under such circumstances. Nearly 10 years ago, it decided that a plaintiff could recover for the loss of a chance of survival. In the ensuing

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603, 1-800-332-0248.

Loss of a chance of recovery

years, several cases have been tried in which the plaintiffs claimed that the decedent had a chance of surviving if the treatment had been appropriate, but the doctrine had never been extended to a patient who survived.

The loss of chance theory arises in medical malpractice cases wherein the patient is suffering a preexisting injury or illness which is aggravated by the alleged negligence of the doctor or other health care provider to the extent that the patient's chance of a better recovery is impaired.

The loss of a chance theory basically entails the adoption of a different standard of causation than usually applies in negligence cases. The court determined that there is no logical reason to adopt the doctrine in cases in which the patient dies and then not follow it where serious injury results.

The court then turned to the question of what standard of proof applies. Several approaches have been utilized in other states which recognize the doctrine. In those states which refuse to recognize the doctrine, the plaintiff must prove that the defendant's negligence was the proximate cause of the injury; i.e., that there existed a better than even chance of avoiding the physical injury or death.

A second version is the "relaxed standard" whereby the jury must find by a preponderance of the evidence that the alleged negligence was the proximate cause of the lost chance, but the lost chance itself need only be a substantial or significant chance for a better result. A third version allows a plaintiff to recover for loss of a chance of a better recovery, no matter how small such chance may be.

Considering all the various approaches led the court to conclude that the middle ground, or so-called relaxed standard of proof approach, is the better rule. It concluded that the plaintiff must

prove: a) that the defendant was negligent in treating the patient; b) that the negligence caused harm to the patient; c) that as a result, the plaintiff suffered damages. In proving that the plaintiff suffered harm, the plaintiff must prove that the lost chance of a better recovery or of survival was a "substantial" loss of a chance.

Once the jury makes the above findings, it must determine the degree to which the otherwise expected recovery has been compromised and then calculate the monetary damages resulting therefrom. The court concluded that the proportional recovery method is the appropriate measure of damages. In this method, the jury determines the full measure of damages and then multiplies it by the percentage of chance lost to arrive at the compensation for the lost chance.

The court stressed that many issues were left unanswered. It stated:

In closing, we fell compelled to express a caveat. In adopting and applying the loss of a chance theory to medical malpractice cases, it must always be kept in mind that the practice of medicine and the furnishing of appropriate health care is not an exact science. In many, if not most, instances there is more than one acceptable approach to treatment, and the fact that one doctor selects one method as opposed to another does not in and of itself mean that one method is better than or preferable to another. For every treatment there are undoubtedly other doctors who might have performed or used a different one. Courts should use extreme caution in second-guessing the methods used by medical care providers, particularly in an area as nebulous as the loss of a chance for a better or more satisfactory recovery.

While the court recognizes the implications of the adoption of what is essentially a new cause of action, it has done so in a moderate and considered manner. The method of calculating damages appears to be a balanced one. Unfortunately, time has shown that moderation erodes when the courts are faced with seriously injured patients.

COMING NEXT MONTH:

COUNCIL DISTRICT REPORTS

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Our Goal: To "Reach for the Stars"

Some people are said to have been born with a silver spoon in their mouth; I was born with a tongue-depressor in mine. I was born into a medical family that started with my great-grandparents, who were both doctors and founded the first hospital in



Newton. My grandfather and uncles were physicians, and I used to go on house calls with my dad and wait in the car while he saw patients. And 25 years ago, I married my husband, Charlie, and we went through his medical school, internship and residency together. Truly, medicine has always been a part of my life.

I would like to share with you some of the goals I have set for myself and the alliance for the coming year. There's a saying that goes, "If you don't know where you're going, you won't get there." For this reason, I am asking all our officers to write down the goals they want to achieve during the year. Our theme this year is "Reach for the Stars," the stars being our four main focus areas: AMA-ERF, health promotion, legislation, and membership. These areas don't change from year to year; only the means we use to go about achieving them.

The only philanthropic effort we have at the state level is AMA-ERF, and each year we work hard to raise money for medical education. We appreciate your support and particularly the fine turnout we had in May at the AMA-ERF dinner and auction. This past year the KMSA has raised \$31,529.33 for medical education in Kansas. At \$23.01 an hour, that translates into 1,501 hours of medical education. What a job!

Our health projects continue to be actively supported across the state, and I am proud to represent an organization that accomplishes so much. We will continue to be one of the co-sponsors of the Governor's Conference on Child Abuse, to help support the Caring Program for Children, and to continue to spread the word about the importance of organ donation and bone marrow transplants. We will focus this year on fitness and

wellness as a main component in our effort to promote each person's involvement in maintaining their own health. We are excited about our new health project, which will focus on environmental concerns — a growing health issue for our nation and the world. This was started by Sedgwick County Medical Auxiliary, and we look forward to expanding it to the state level.

Our legislative involvement will again be an important focus, and in addition to holding our annual legislative meeting and speaking with our legislators, we will begin a mini-internship program in the state, in which we will match legislators or business leaders with a physician and have them spend time with that doctor learning what goes on in their day. This has been a very successful program in other states and provides keen insight into some of the problems in the health care delivery system.

Last, but of great importance, is the area of membership. We are constantly challenged to appeal to an ever-changing group of people. Our profile has changed, as we need to offer something to the male spouse, the working spouse and the ever-overworked volunteer. We will continue to promote the concept that the medical society and the medical alliance are the first organization one should join and the last one should leave. If we can succeed at this effort, we will have the numbers and influence we need to have an impact on the direction that health system reform will follow.

We must all be willing to get involved if we are to have a secure future for ourselves and our children. I urge you to get involved and reach for the stars. Support medical education with a donation to AMA-ERF; set your own personal fitness and wellness goals; write one letter to a legislator; and urge your colleagues to support medicine with their membership. Thank you.

Mances Craig



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Official Proceedings of the 1994 KMS House of Delegates

t 8:00 a.m. on Saturday, April 30, 1994, in the Manhattan (Kansas) Holidome, the Kansas Medical Society and the Kansas Medical Society Alliance met for a joint opening ceremony preceding their respective annual meetings. Joseph T. Philipp, M.D., Speaker of the KMS House of Delegates, opened the ceremony and introduced four members of the Kansas State University ROTC for the presentation of the colors. Dr. Philipp introduced Helen Cooper, Mayor of Manhattan, who welcomed the delegates and invited them to become acquainted with the city. She praised the members of Manhattan's medical community and the quality of their care. In conclusion, Mayor Cooper invited the delegates to return to Manhattan.

Cathy Wilcox, President of the Kansas Medical Society Alliance, introduced Sharon Scott, AMA Alliance Representative from Roseburg, Oregon, and nominated President Elect of the AMAA. Mrs. Scott brought greetings from the AMAA and observed that this joint opening ceremony represents "what we are together" and is "a shining example of medicine working in unison."

Dr. Philipp invited Mrs. Wilcox to give the annual report of her presidential year. Mrs. Wilcox began by reminding those present that at the meeting just a year ago the name of the auxiliary was changed to "alliance." Since then, she has endeavored to plant "seeds of hope," and four seeds were planted during the past year: membership, health promotion, legislation and AMA/ ERF. The KMS Alliance, she noted, had not achieved its goal for membership this year, but she feels ground has been broken for next year's efforts. In the area of health promotion, breast health awareness and violence prevention were the key issues. The alliance is especially proud of achieving their goal of having a statement added to Kansas marriage licenses advising couples of their right to freedom from abuse, and warning of penalties for abusers. Progress was also made this year in increasing the number of potential bone marrow donors and in fundraising for The Caring Program for Children. The alliance had a successful Legislative Day in February, and the AMA/ERF auction the previous night raised

\$9,395, which will be presented to the designated medical schools next year. The total raised for AMA/ERF during the past year was \$31,346.80.

Dr. Philipp thanked Mrs. Wilcox and the Alliance for their hard work. He asked Linda Warren, M.D., Hanover, to introduce AMA Trustee Palma E. Formica, M.D., of Old Bridge, New Jersey. In introducing her, Dr. Warren cited Dr. Formica's work with young physicians and for-

eign medical graduates.

Dr. Formica conveyed greetings from the AMA's officers and trustees. The "new AMA," she noted, "has women on board" and, as in previous years, is still dedicated to principles of medicine and medical ethics. She spoke of touring rural hospitals during her visit to Kansas and of being impressed by the staffs "practicing real medicine." Also, she noted that the state's delegates to the AMA have been "a credit to Kansas." She congratulated Jerry Slaughter on his appointment to the consortium to study the federation.

Dr. Formica reminded those concerned about the future of health care that the Health Security Act is "only the first act; there will be more." We must strengthen medicine, she said, not turn it on its head. Doctors have power, Dr. Formica added, because patients' interests come first in the physicians' code of ethics. She called for insurance reform, not health care reform. Reminding the delegates that the AMA's Health Access America was introduced before the Clinton plan, she noted that "many parts of it are now appearing in bills in many state legislatures."

Dr. Philipp thanked Dr. Formica and introduced KMS President Arthur D. Snow, Jr., M.D.,

for the president's report.

Dr. Snow observed that when he was installed last spring, he had no idea what would happen this year. The Clinton plan was not unveiled until last fall, and at that time the discussions began. Since then, he has made several trips to Washington, D.C., for meetings with Senators Dole and Kassebaum and with members of the President's cabinet. Medicine, he remarked, had been viewed as a special interest and was excluded from earlier discussion on the plan.

On the local scene, Dr. Snow noted the January

retirement of Associate Executive Director Val Braun. Also, he reported that the society's tort reform effort this year failed when Governor Finney vetoed the bill. The bright spot, he said, is Washington's policy on double recovery.

Dr. Snow praised the KMS staff and thanked them for their assistance. He concluded with the hope that the physician network resolution

would pass.

The joint ceremony concluded at 8:45, with Dr. Philipp's announcement that the First House of Delegates would convene promptly at 9:00.

FIRST SESSION

Dr. Philipp called the First Session of the 135th House of Delegates to order at 9:00 a.m. He explained the composition of the House, outlined the rules by which the meeting would be conducted and announced that the House would follow Davis' Rules of Order. He noted that only delegates would be recognized and permitted to vote, and that others should convey their opinions on issues to their delegates. A quorum was announced. Minutes of the 1993 House of Delegates, published in the June 1993 issue of KANSAS MEDICINE, were approved.

Dr. Snow outlined the procedure to be followed for the primary election, noting that the primary would be necessary only if there were more than two candidates for any one office. He

read the slate:

President Elect: Linda D. Warren, M.D., Hanover First Vice President: David K. Ross, M.D., Arkansas City Second Vice President: Tom Koksal, M.D., Garden City Joseph T. Philipp, M.D., Manhattan

Constitutional Secretary: Cranston Cederlind, M.D., Shaw-

nee Mission

Treasurer: Jimmie L. Browning, M.D., Clay Center

Robert D. Durst, M.D., Topeka Speaker: Dee W. Bell, M.D., Shawnee Mission Vice Speaker: Robert E. Barnett, M.D., Topeka

Anne (Katie) Rhoads, M.D., Olathe

AMA Delegate: Stephen F. Miller, M.D., Parsons AMA Delegate: Kermit G. Wedel, M.D., Minneapolis AMA Alternate Delegate: Jay S. Schukman, M.D., Great

AMA Alternate Delegate: Roger D. Warren, M.D., Hanover

There were no nominations from the floor, so there was no need for a primary election, and Dr. Snow announced that the election would be held during the Second House of Delegates on Sun-

Vice Speaker Dee Bell, M.D., called for com-

mittee reports, noting that some were written reports included in the delegates' notebooks and would not be read. These included:

Continuing Medical Education Geriatric Medicine Impairment and Advocacy KaMPAC Kansas Foundation for Medical Care Legislative Long Range Planning Medical Services Committee Professional Practices Review/ Professional Review Service Practice Parameters SRS Liaison Third Party Payor Liaison Young Physicians Liaison

Constitutional Secretary — Mark G. Bell, M.D.

Kansas Medical Society Membership

	April 15 1994	Year- End 1993	Year- End 1992	Year- End 1991
ACTIVE	2240	2248	2215	2208
ACTIVE 2ND YEAR	94	77	63	68
ACTIVE 1ST YEAR	68	35	28	20
PROBATIONARY	35	57	89	65
RESIDENT	276	279	286	247
STUDENT	241	223	315	332
ASSOCIATE	46	44	43	37
PERSONAL EXEMPT	10	8	8	18
RETIRED	508	507	491	466
MILITARY SERVICE	1	1	1	0
MILITARY EXEMPT	0	1	1	1
EMERITUS	56	55	57	56
HONORARY	2	2	1	1
SEMI-RETIRED	3	2	0	0
TOTALS	3580	3539	3598	3519

Treasurer—

Tom Koksal, M.D.

This report is included in the delegates' notebooks.

Necrology—

Warren E. Meyer, M.D.

Dr. Meyer asked for a moment of silent remembrance following the reading of the names:

		Date of
Name and City	Age	Death
Lewis G. Allen Jr., M.D., Ash Flat, AR	72	1/25/94
George S. Bascom, M.D., Manhattan	65	8/7/93
Thad H. Billingsley, M.D., Shawnee	52	8/10/93
Frank Thomas Cultron, M.D., Salina	81	10/28/91
Jack A. Dunagin, M.D., Topeka	72	6/19/93
Clarence W. Erickson, M.D., Pittsburg	87	3/27/94
D. Bernard Foster, M.D., Topeka	78	5/26/93
E. L. "Monte" Gann, M.D., Emporia	85	8/1/93
Jack W. Graves, M.D., Wichita	76	11/11/93
Horace T. Greene, M.D., Topeka	78	7/24/93
James Pierre Haigler, M.D., Hays	80	12/15/93
Hubert L. Harris, M.D., Topeka	80	9/17/93
Hall Edward Harrison, M.D., Topeka	54	1/29/94
Ruth Merrell Lapi, M.D., Mission Hills	78	10/17/93
Dianna Lynn Lessin, M.D., Hutchinson	38	11/10/93
Edward E. Long, M.D., Humboldt	72	10/18/93
Henry O. Marsh, M.D., Wichita	75	7/12/93
Kenneth Lee May, M.D., Bonner Springs	72	2/10/93
Patrick E. McCann, M.D., Fort Scott	65	10/10/93
Ray Meidinger, M.D., Hiawatha	90	12/28/93
Harry B. Neis, M.D., Osage Beach, MO	74	2/9/94
Conrad Charles Osborne, M.D., Wichita	55	9/16/93
William Tolbert Read, M.D., Coffeyville	76	1/30/93
Warren Emerson Roberts, M.D., Topeka	69	2/12/94
Lee E. Rook, M.D., Kansas City	85	4/6/94
Frances Helen Schiltz, M.D., La Grange,		
IL	95	11/1/88
Joseph L. Shaw, M.D., San Francisco,		
CA	60	4/21/94
Robert Rufus Snook, M.D., McLouth	82	6/14/93
Donald Lane Snow, M.D., Leavenworth	71	10/17/93
Clair Leo Swann, M.D., Russell	80	3/1/93
Daniel L. Tappen, M.D., Scottsdale, AZ	76	6/13/93
J. Christine Thelen, M.D., Wichita	80	7/17/93
Francis A. Thorpe, M.D., Pratt	85	1/15/94
Maurice Meyer Tinterow, M.D., Wichita	75	2/15/93
Martin Wollmann, M.D., Lawrence	66	6/11/93
William H. Zimmerman, M.D., Topeka	73	3/7/94
, , ,		, ,

Editorial Board— Warren E. Meyer, M.D.

I believe it was Blanche Du Bois in the play Street-car Named Desire who said, in describing her method of maintaining her lifestyle, "I have always depended on the kindness of strangers." In just this way, Kansas Medicine has had to depend on the generosity of advertisers for its livelihood. Unfortunately, like so many children who go out to conquer the world only to find out the harsh realities of life and retreat to safer havens, Kansas Medicine has returned home to seek the shelter of our parent, the Kansas Medical Society. While you have heard this sad scenario in previous reports, at this meeting you will have before you Resolution 94-16, regarding our future, and you will decide the form the journal will take.

On the positive side, I should point out that

KANSAS MEDICINE is the oldest continuously published monthly state medical society journal. While other state journals have discontinued publication because of a lack of scientific articles, we are fortunate to have many articles submitted for publication each year. In fact, the journal provides medical school faculty, residents, and our members the opportunity to publish their work. The journal staff has also received several requests to add regular monthly columns. UKSM-Wichita prepares a series on radiology cases, KUMC-KC submits a column on preventive medicine, the Geriatrics Section of the Kansas Medical Society has asked the Geriatrics Department at KUMC-KC to furnish a series on geriatric themes, and several physicians furnish articles on use of the computer in medical practice. It would seem there is renewed interest in KANSAS MEDICINE.

Finances continue to be a problem. We have a new national bureau that solicits advertising for medical journals, and we expect to see some increase in ad dollars. However, we know that these revenues will not cover the full cost of publishing and mailing the journal. At the present time, the Kansas Medical Society underwrites over half our budget.

nication tools KMS uses to keep in touch with its members. The KMS Newsletter is another, used to keep the membership apprised of current events affecting the medical profession. Double printing and mailing costs each month led the Long-Range Planning Committee to study the matter. The committee and the Editorial Board have considered discontinuing the journal or reducing the number of issues published, replacing the magazine format with a newspaper type of publication such as AMNews or with a "slick" publication (that's the type of paper, not the content), and alternating the journal with a newspaper-type publication. No final decision was reached.

KANSAS MEDICINE will continue in its present format through this year because of contractual obligations. Any decision made will commence January 1, 1995. As your offspring, we agree to abide by the "house rules."

Last year at this time, we sadly acknowledged the loss of our Editor, David E. Gray, M.D. This year we bemoan the loss, through retirement, of Associate Executive Director and journal Managing Editor Val Braun. Nancy Sullivan has assumed Val's non-journal KMS duties, and we look forward to working with her. Susan Ward, Production Editor, has been the glue holding KANSAS

MEDICINE together during these changing times, and we owe her a great deal of thanks and praise for a job well done and for her continuing efforts

as we plot the course for the future.

This House of Delegates will consider significant changes in the manner in which things are done. I understand the Chinese characters for "crisis" and "opportunity" are virtually the same. May our deliberations at this meeting reflect the latter, rather than the former.

Dr. Meyer and Dr. Snow exchanged bound volumes of the previous year's journals.

KaMMCO—

Jimmie A. Gleason, M.D.

Dr. Gleason reported that KaMMCO, now five years old, has had another good year. There still are some problems, he said, but our insurance company now has 40% of the market in Kansas. Other states are looking at the KMS/KaMMCO relationship as an example of what they could do. He noted that KMS' efforts regarding the collateral source rule had been unsuccessful this legislative session, and that the society will try again next year. Dr. Gleason thanked the members for their help and support.

Dr. Bell introduced Jerry Slaughter.

Executive Director— Jerry Slaughter

Jerry Slaughter thanked Dr. Bell for doing a miniinternship at the legislature with her legislator. He acknowledged the dedication of Dr. Formica and the KMS officers and committees. Dr. Brada, as "a consensus builder," will be a good president, he observed.

Mr. Slaughter noted the dedication of recently retired Associate Executive Director Val Braun and announced that another KMS employee, Secretary/Receptionist Donna Decker, will retire at the end of May after 13 years with the society. He introduced the staff and praised them for their hard work.

Commenting on the theme of unity that prevailed at the meeting, Mr. Slaughter remarked that medicine is facing both internal and external pressures, and that a parochialization of medicine is being attempted in some quarters. It is up to today's practicing physicians to ensure a good future for the physicians to follow. Citing examples of what physicians can accomplish when they work together, he noted that thanks to tort reform, insurance premiums have been reduced from \$90 million in the late '80s to \$60 million today. OB/GYN premiums have been cut in half. Such savings in one year, Mr. Slaughter observed, would pay a member's KMS dues for years to come. KaMMCO, he observed, is another way in which physicians have worked together toward mutually beneficial goals, and the physician network, if approved, will be another. Mr. Slaughter noted that many others, especially insurance companies, want and expect the physician network to fail. But if members' hearts are in it, it will succeed

Mr. Slaughter urged physicians to come together as a community of medicine. "Believe in yourself and your colleagues," he told the delegates. "Through unity we can win." Finally, he expressed his gratitude for the opportunity to serve "the high calling of medicine."

Dr. Bell called for any unfinished business; there was none. Proceeding to the new business, Dr. Bell announced that elections needed to be held for councilors in the following districts: 2, 4, 11, 13, 15, 17, and 18. She introduced the resolutions to be considered at the Reference Committee meeting and called for any new resolutions. James E. Marvel, M.D., Arkansas City, introduced resolutions 94-27, KFMC, and 94-28, Medicare-Medicaid.

The Speaker reminded those in attendance that the Reference Committee would convene immediately following the First House, and invited everyone to attend the meeting. He announced the members of the Reference Committee: Debbie Doubek, M.D., Manhattan, Chairman; Seeley Feldmeyer, M.D., Meade; Kevin Hoppock, M.D., Wichita; Paula Nauer, M.D., Kansas City; and Daniel Pauls, M.D., Parsons. Following announcements regarding the President's installation, reception and open house that evening, Dr. Philipp adjourned the First Session.

SECOND SESSION

The Second Session of the 1994 KMS House of Delegates was called to order by the Speaker, Dr. Philipp, at 8:00 a.m. on Sunday, May 1, 1994. Rules by which the meeting would be conducted were reviewed, and the presence of a quorum was announced. Ballots were distributed for the election of officers, and the Speaker named the Tellers: Newton C. Smith, M.D., Arkansas City; Robert F. Moore, M.D., Caney; and Perry N. Schuetz, M.D., Great Bend.

The Speaker thanked the members of the Reference Committee for their work and introduced the committee's chairman, Debbie Doubek, M.D., Manhattan, who read the committee's recommendations for each resolution. Dr. Philipp invited discussion and voting by the delegates. (Results of these actions are printed below.)

Two special resolutions were introduced: 94-29, Donna Decker, introduced by outgoing President Arthur D. Snow, Jr., M.D.; and 94-30, Commending the Riley County Medical Society and the Riley County Medical Auxiliary, introduced by Warren E. Meyer, M.D. Both were adopted unanimously.

Dr. Schuetz offered congratulations on behalf of the delegates to the Speaker and to the Reference Committee for their work.

The election results were announced:

PRESIDENT ELECT: Linda D. Warren, M.D., Hanover

FIRST VICE PRESIDENT: David K. Ross, M.D., Arkansas City

SECOND VICE PRESIDENT: Joseph T. Philipp, M.D., Manhattan

SECRETARY: Craig A. Concannon, M.D., Beloit Treasurer: Jimmie L. Browning, M.D., Clay Center

SPEAKER: Dee W. Bell, M.D., Shawnee Mission VICE SPEAKER: Robert E. Barnett, M.D., Topeka

AMA DELEGATE: Stephen F. Miller, M.D., Parsons

AMA DELEGATE: Kermit G. Wedel, M.D., Minneapolis

AMA ALTERNATE DELEGATE: Jay S. Schukman, M.D., Great Bend

AMA ALTERNATE DELEGATE: Roger D. Warren, M.D., Hanover

Dr. Philipp praised the qualifications of all the

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623 SW 10th Ave., Ste. 200 Topeka, KS 66612 913-232-1015 Fax 913-232-4704 candidates and the new officers. He introduced the new KMS President, Donald R. Brada, M.D., Wichita.

Results of the Councilors' election were to be announced at a later time.

Dr. Brada installed the new Speaker, Dee Bell, M.D., and Vice Speaker, Robert Barnett, M.D.

The Speaker invited Dr. Brada to address the House.

Dr. Brada noted that this had been an exciting meeting. The physician network discussion showed an interest on the part of the delegates in being proactive. The answers to our questions will come with the financial offering. He pledged that the Society will present a quality proposal. The vote in the House of Delegates, he observed, is but one small step in the process. The efforts of the task force and of many small committees will be needed to complete the project, and Dr. Brada invited the delegates to serve on those committees.

Dr. Brada noted that stewardship includes a willingness to be accountable, to guide and monitor. An organization's attention should be on service, rather than control. In conclusion, he asked the delegates if they were willing to provide service, ownership and responsibility to improve the future of health care in Kansas.

Results of the Council District elections are as follows:

District #2: Ralph Payne, M.D., Kansas City, Missouri

District #4: Daniel N. Pauls, M.D., Parsons

District #11: James A. Loeffler, M.D., Wichita District #13: Ward M. Newcomb, M.D., Hays

District #15: Ward M. Newcomb, M.D., Hays District #15: Seelev T. Feldmeyer, M.D., Meade

District #17: Bruce D. Melin, M.D., Garden City

District #18: Phillip A. Godwin, M.D., Lawrence

Dr. Brada announced that the next annual meeting will be held May 4-7, 1995, at the Doubletree Hotel in Overland Park. There being no further business, the meeting was adjourned.

Resolutions

Those resolutions that were not adopted but were referred for further study or information are so indicated. The resolutions that failed to pass are retained in the official minutes at the executive office, but are not reported here. An asterisk following the resolution number indicates a change in the Constitution and By-Laws.

RESOLUTION 94-1

Expiration of 1989 Resolutions

"Official policies established through resolutions at the House of Delegates shall be in effect for a period of five (5) years, at which time that policy position will be reviewed by the Executive Committee and will expire subject to the approval by the House of Delegates unless superseded or continued by another resolution."

Attached is a copy of the 1989 resolutions which are scheduled to expire this year. Changes in the bylaws shall remain in effect until such time as they are amended by the House of Delegates.

Recommend bylaws remain in effect. Recommend re-adoption of:

89-4 Kansas Foundation for Medical Care — Endorsement 89-11 Liaison with AARP

Recommend that the intent of the following resolutions be continued through the adoption of new resolutions in 1994.

89-3 Peer Review and Practicing Medicine (94-3)

89-14 Kansas Medical Student Loan Program (94-4)

89-15 Banning of Tobacco Use at Health Care Facilities (94-5)

89-28 Osteopathic Associate Members (94-6) 89-43 Kansas Impaired Physicians Program (94-7)

RESOLUTION 94-2

Honorary Membership — Gene Budig, Ed.D., Chancellor of KU

WHEREAS, During his tenure as Chancellor of the University of Kansas since 1981, Gene Budig has displayed vital interest in the progress of medical education at KU; and

WHEREAS, Dr. Budig has actively, regularly, and personally assisted in furthering research, patient care and medical education at the University of Kansas Medical Centers; and

WHEREAS, The Kansas Medical Society wishes to acknowledge the importance of the personal commitment by Chancellor Budig to medical education; therefore be it

Resolved, That Chancellor Gene Budig be made an honorary member of the Kansas Medical Society in recognition of his invaluable contribution to medical education in Kansas.

RESOLUTION 94-3

Peer Review and Practicing Medicine

Resolved, That it is the policy of the Kansas

Medical Society that peer review activities constitute the practice of medicine.

RESOLUTION 94-4

Kansas Medical Student Loan Program

WHEREAS, The Kansas Medical Student Loan Program is an important source of financial assistance for University of Kansas Medical School students; and

WHEREAS, Loans for incoming students are entirely funded by the Kansas Medical Scholarship and Loan Repayment Fund; and

WHEREAS, The KMS has previously adopted a position to promote the continuance of this program; therefore be it

Resolved, That the KMS oppose the use of the Kansas Medical Scholarship and Loan Repayment Fund for purposes other than financing of medical loans.

RESOLUTION 94-5

Banning of Tobacco Use at Health Care Facilities

WHEREAS, Tobacco usage is a recognized and well documented contributing cause to adverse health and illness; and

WHEREAS, The American Medical Association has set a goal for a tobacco-free society by the year 2000¹; and

WHEREAS, Smoke-free policies at established medical facilities have been proven operable and effective²; therefore be it

Resolved, That the Kansas Medical Society continue to support the ban on tobacco use at Kansas health care facilities.

RESOLUTION 94-6*

Osteopathic Associate Members

Resolved, That the KMS Bylaws be amended as follows:

1.624 Osteopathic Associate Members: Osteopathic physicians who are members in good standing of the Kansas Association of Osteopathic Medicine who qualify for membership under this section: (a) have full privileges except they may not vote nor hold office; (b) must pay dues and assessments as determined by the Executive Committee; and (c) must maintain a policy of profes-

sional liability insurance issued by the Kansas Medical Mutual Insurance Company, or be a member of the Kansas Medical Society managed care network.

RESOLUTION 94-7

Kansas Medical Advocacy Program

WHEREAS, The Kansas Medical Advocacy Committee was established by action of the Kansas Medical Society House of Delegates in 1978; and

Whereas, Action of the Kansas Legislature in 1987 provided for the establishment of a cooperative working relationship between the Kansas Medical Society and the Kansas State Board of Healing Arts in regard to the operation of an expanded Kansas Medical Advocacy Program; and

Whereas, This cooperative effort is working successfully for the benefit of all Kansas citizens as well as affected physicians; therefore be it

Resolved, That this close and cooperative working relationship between the Kansas State Board of Healing Arts and the Kansas Medical Society be maintained in carrying out the intent of the Kansas Medical Advocacy Program.

RESOLUTION 94-8

Retired Physicians Attending Continuing Medical Education Programs

WHEREAS, Becoming a physician requires a lifetime commitment to learning; and

WHEREAS, Retired physicians continue to associate with their peers, but no longer have a need for continuing medical education credit; and

WHEREAS, Continuing medical education programs provide an opportunity for the retired physician to accomplish both of these activities; therefore be it

Resolved, That organizations sponsoring continuing medical education programs in Kansas be encouraged to invite retired physicians no longer needing credit to attend their program at minimal cost to the physician.

RESOLUTION 94-9

Elimination of Medicaid Medical Necessity Form and Other Red Tape

WHEREAS, Residents of nursing facilities have been confirmed to require an absolute level of medical service which governs their placement in the facility; and

¹Directions in Health, American Medical Association, 1988. ²JAMA 1989; 261:95-97.

WHEREAS, Physician visits to nursing facilities are the result of receipt of information explaining clear medical necessity and such visits are made at a great disadvantage to other patients meanwhile waiting in the physician's office; and

WHEREAS, The requirement by the Medicaid program to fill out medical necessity forms when more than one visit per month is made is redundant, especially when such information is reviewed by non-physicians who are not qualified to determine the validity of medical necessity; and

WHEREAS, Medicaid reimbursement for these services does not cover the cost of the physician's trip to the facility which means therefore that physicians are providing a large portion of this care *pro bono*; and

WHEREAS, Continuation of these practices is demonstrating clearly that they are adversely affecting the access to medical care by this population, as ever fewer physicians are willing to make such visits; and

WHEREAS, Serious access problems will continue to grow unless remedial actions are taken to curb the proliferation of unnecessary, redundant and pointless "requirements" for red tape; therefore be it

Resolved, That the Kansas Medical Society seek regulatory changes which eliminate the harmful requirement of duplicative forms, such as the medical necessity form when more than one visit per month is made, and to allow the many review mechanisms already in place assure quality care for the nursing home population.

RESOLUTION 94-10

Tobacco

WHEREAS, Tobacco usage is the cause of significant health concerns; and

WHEREAS, Second-hand smoke has recently been shown to be detrimental to health; and

WHEREAS, KMS and Alliance members are uniquely positioned to educate and impact their local communities; therefore be it

Resolved, That the Kansas Medical Society work with the Alliance to implement clean indoor air acts which ban tobacco usage in all enclosed public places.

RESOLUTION 94-11

Injury and Prevention

Whereas, Throughout history, the two early causes of death have been infectious disease and injury; and

WHEREAS, Injury is a principal public health problem in America today; and

WHEREAS, Injury affects primarily the young and will touch one of three Americans this year; and

WHEREAS, Some of these injuries are sustained while riding two-and three-wheeled vehicles, the number of these injuries continues to increase; and

WHEREAS, The Kansas Medical Society should initiate and actively maintain a position in an effort to prevent injuries from bicycles and motorcycles; and

Whereas, Injuries sustained by motorcycle and bicycle operators and riders are very costly to themselves, their families, their fellow insurance policyholders, and taxpayers; and

Whereas, It has been proven that wearing a safety helmet when involved in a motorcycle or bicycle accident reduces the severity of injuries sustained by the operator or rider; and

WHEREAS, The Kansas Medical Society should initiate and actively maintain a position in an effort to prevent injuries, to reduce the severity of injuries which do occur, and to conserve health care dollars by promoting preventive medicine; therefore be it

Resolved, That the Kansas Medical Society make known in a continuing manner to Kansans, the benefits of helmets for bicycle and motorcycle riders, and encourage helmet usage.

RESOLUTION 94-12

Continuous Quality Improvement — Risk Management Laws

WHEREAS, Both the JCAHO and KFMC are moving their review process away from individual case management review and are moving toward the concept of continuous quality improvement; and

WHEREAS, The concept of continuous quality improvement is recognized by physicians as a more efficient way of improving patient care than individual case management review; and

WHEREAS, Kansas is one of the few states which has medical risk management laws that require individual case management review and reporting; and

WHEREAS, The necessity of implementing both of these review systems creates much unnecessary work for both the nonmedical and medical staffs of the hospital review committees; therefore be it

Resolved, That the Kansas Medical Society work

to have the appropriate sections of the state risk management laws either repealed or modified in order to end this review dichotomy, and allow Kansas physicians and hospitals to more efficiently work towards improved patient care.

RESOLUTION 94-13

Family Violence

WHEREAS, Family violence represents a significant health concern in Kansas; and

WHEREAS, The KMS Alliance has demonstrated leadership in promoting community awareness of this issue; and

WHEREAS, What our children learn about violence has been shown to have a significant impact on their behavior; and

WHEREAS, The KMS and Alliance members can significantly affect exposure of children to guns and violence; therefore be it

Resolved, That the KMS and its Alliance work towards reducing family violence in Kansas by:

- 1. Promoting education of the public, health care and social service workers, to recognize and treat victims, and provide support services for victims.
- 2. Working with appropriate agencies to produce referral cards providing regional information on:
 - a. legal protection
 - b. crisis intervention lines
 - c. neighborhood resources
 - d. elder and child abuse hotlines.
 - 3. Encouraging the following:
 - a. Monitoring for violence content and appropriate restriction of television viewed by children.
 - b. teaching effective, non-violent discipline techniques to parents, teachers and other care givers.
 - c. education regarding firearm safety and the need to keep firearms locked away from children.
 - d. Publicizing this critical issue and the position of the KMS.

RESOLUTION 94-14*

Hospital Medical Staff Section

WHEREAS, Many of the functions of the Hospital Medical Staff Section have now been assumed by other Kansas Medical Society committees; and

WHEREAS, The Hospital Medical Staff Section no longer serves a unique purpose; therefore be it

Resolved, That the Hospital Medical Staff Section be dissolved by deleting Section 4.5822 Hospital Medical Staff Section from the KMS bylaws; and be it further

Resolved, That a standing committee be appointed to address matters of interest to hospital medical staffs; and be it further

Resolved, That the chairman of the new committee represent the Kansas Medical Society in the AMA Hospital Medical Staff Section.

RESOLUTION 94-15

Statewide Physician Network

WHEREAS, The 1993 House of Delegates directed the Executive Committee to appoint a Future Task Force to study the feasibility of establishing a statewide physician network; and

WHEREAS, The Future Task Force has conducted such study with the assistance of consultants knowledgeable in the field of managed care organizations; and

WHEREAS, The changing dynamics of the health care system have led to unprecedented growth in government and corporate intrusion into patient care decisions; and

Whereas, Physicians do have a "special interest" in health reform — the well-being of their patients; and

Whereas, As advocates for their patients, physicians are in the best position to protect the delivery of care from the bottom-line mentality which threatens to destroy the physician-patient relationship; and

Whereas, The purpose of the network is to provide a patient-centered, cost-effective, physician-owned health care delivery organization; therefore be it

Resolved, That the Executive Committee be directed to proceed as quickly as possible with development of a statewide, physician-owned managed-care delivery organization; and be it further

Resolved, That the Kansas Medical Society thoughtfully evaluate and work cooperatively with existing medical care delivery systems operating in Kansas, which are wholly owned and controlled by physicians, in efforts to further the delivery of quality medical care in a cost-effective manner which is in the best interest of patients and physicians; and be it further

Resolved, That the Kansas Medical Society express its profound thanks to the members of the Future Task Force for their efforts over the past year to study and develop the network.

RESOLUTION 94-16

Kansas Medicine

WHEREAS, Kansas Medicine is the oldest continuously published monthly state medical journal in the country; and

WHEREAS, There is no lack of scientific articles submitted for publication; and

WHEREAS, Several new subjects are being added to the journal at the request of different agencies; and

WHEREAS, There has been a decline in advertising revenues that has led to increasing subsidization by the Kansas Medical Society; and

WHEREAS, The printing and postage costs of the journal and the KMS Newsletter have increased; and

WHEREAS, It is still important to provide communication with Kansas Medical Society members on a regular basis; and

WHEREAS, Good stewardship of our resources is necessary; and

WHEREAS, The object of KMS publications is

to provide timely, relevant and effective communication with the membership; therefore be it

Resolved, That the Executive Committee, in consultation with the Editorial Board of Kansas Medicine, be directed to develop a new format for the journal which maintains scientific content while adding more news and socioeconomic and practice-related features; and be it further

Resolved, That the proposed change in format be targeted to take effect in January 1995.

RESOLUTION 94-17

Individual Patient Responsibility

WHEREAS, Current consumption of health care appears to be outstripping the ability of government, third party insurance and private consumers to pay for the services; and

WHEREAS, Methods to ration health care with central policies and/or large socialized systems have not successfully provided stable and controlled budget objectives and may be politically impossible to control; and



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WHEREAS, Illness prevention and efficient and effective treatment of health problems requires participation by individual patients in understanding and complying with correct principles of health care and disease prevention and treatment; and

Whereas, Appropriate utilization of health care would better be done on an individual basis with the physician and patient arriving at the most practical use of health care resources, thereby enhancing the physician patient relationship; therefore be it

Resolved, That the Kansas Medical Society reaffirms its support for programs which encourage cost-conscious decisionmaking by patients through participation, based on ability to pay, in the cost of health care services received.

RESOLUTION 94-18

Freedom in Medicine

Whereas, The health care system is evolving into one that will be dominated by managed care delivery systems which require physicians to sign contracts governing the delivery and financing of care; and

Whereas, These system changes make it extremely important for physicians to be knowledgeable and educated about their rights, responsibilities and freedom to practice under such contractual arrangements; therefore be it

Resolved, That the Kansas Medical Society encourage physicians to carefully examine and evaluate contracts, being alert to terms and conditions which restrict, impede or limit a physician's ability to exercise independent clinical judgment on behalf of his or her patients; and be it further

Resolved, That the Kansas Medical Society support exposure of its membership, via the KMS Newsletter, to the ideas in The Road to Serfdom— A Classic Warning Against the Dangers to Freedom Inherent in Social Planning, by the 1974 Nobel Prize winner in economics, F. A. Hayek; and Patient Power (abridged version), by John Goodman and Gerald Musgrave.

RESOLUTION 94-19

Do Not Hospitalize Orders

WHEREAS, It is medically recognized that hospitalization will not significantly change the overall medical condition of the patient in those cases where the quality of life of the patient is perceived

to be very poor before hospitalization and is anticipated to be very poor after hospitalization; and

Whereas, A Do Not Hospitalize order is analogous to other "do not" orders, such as "do not resuscitate" or "do not intubate" orders, in which the patient's physician writes a "do not" order to other health care providers to refrain from initiating particular interventions; and

WHEREAS, Do Not Hospitalize orders would enhance communications between patients, families, nursing staff, administrators of nursing homes and physicians regarding treatment goals; and

WHEREAS, Do Not Hospitalize orders would prevent ill-advised hospital admissions for patients with advanced disease and assist patients to get to a status which is consistent with their wishes; and

Whereas, The Board of Trustees of the AMA reported in 1993 that "no legal impediments to Do Not Hospitalize orders exist, no state legislation is required to permit Do Not Hospitalize orders and special immunity statutes are not legally necessary to protect physicians and other health care providers who honor the patient's clearly expressed decisions regarding medical care"; therefore be it

Resolved, That KMS adopt the AMA's policy statement "acknowledging that Do Not Hospitalize orders in the nursing home situation, when based on the resident's (or his or her family's) informed consent, provide an appropriate means of promoting patient autonomy and carrying out the expressed treatment goals and wishes of the resident"; and be it further

Resolved, That KMS, in cooperation with the Kansas Nursing Home Association and the Kansas Department of Health and Environment, encourage physicians to familiarize themselves with Do Not Hospitalize orders, utilize when appropriate and support all efforts to educate the public about such orders.

RESOLUTION 94-20

Physician Assisted Suicide

WHEREAS, Physician assisted suicide presents one of the greatest contemporary challenges to the medical profession's ethical responsibilities; and

Whereas, The issues of legalized physician assisted suicide and euthanasia have or will be put before the voters in the States of California,

Washington and Oregon; and

WHEREAS, Similar action regarding this issue could occur in the State of Kansas; and

Whereas, The House of Delegates of the American Medical Association, in December 1993, adopted the Council on Ethical and Judicial Affairs' recommendations relating to physician assisted suicide; therefore be it

Resolved, That the House of Delegates of the Kansas Medical Society adopt the AMA's policy regarding physician assisted suicide, which is as follows:

- 1. Physician assisted suicide is fundamentally inconsistent with the physician's professional role.
- 2. It is critical that the medical profession redouble its efforts to ensure that dying patients are provided optimal treatment for their pain and other discomfort. The use of more aggressive comfort care measures, including greater reliance on hospice care, can alleviate the physical and emotional suffering that dying patients experience. Evaluation and treatment by a health professional with expertise in the psychiatric aspects of terminal illness can often alleviate the suffering that leads a patient to desire assisted suicide.
- 3. Physicians must resist the natural tendency to withdraw physically and emotionally from their terminally ill patients. When the treatment goals for a patient in the end states of a terminal illness shift from curative efforts to comfort care, the level of physician involvement in the patient's care should in no way decrease.
- 4. Requests for physician assisted suicide should be a signal to the physician that the patient's needs are unmet and further evaluation to identify the elements contributing to the patient's suffering is necessary. Multidisciplinary intervention, including specialty consultation, pastoral care, family counseling and other modalities, should be sought as clinically indicated.
- 5. Further efforts to educate physicians about advanced pain management techniques, both at the undergraduate and graduate levels, are necessary to overcome any shortcomings in this area. Physicians should recognize that courts and regulatory bodies readily distinguish between use of narcotic drugs to relieve pain in dying patients and use in other situations.
- 6. Physicians should also encourage family, relatives and friends to rally around the terminal patient, as a final expression of their love and care for their relative and friend.

RESOLUTION 94-21

Kansas Physician Re-Licensure Schedule

WHEREAS, All Kansas hospitals, in accordance with the Joint Commission of Accreditation of Health Care Organizations, require appointment of the medical staff and granting or renewal/revision of clinical privileges for a period of not more than two years; and

WHEREAS, Current physician re-licensure in Kansas through the Kansas State Board of Healing Arts is on an annual basis; and

WHEREAS, The concept of physician re-licensure on a two-year basis has been supported by many physicians and hospital medical staff coordinators as being less troublesome and less costly to administer since it would coincide with the two-year re-appointment schedule followed by many hospitals; therefore be it

Resolved, That the Kansas Medical Society explore in concert with the Kansas State Board of Healing Arts the feasibility of changing the physician re-licensure cycle from a one-year to a two-year basis and utilizing the physician's date of birth rather than his or her name in determining the specific re-licensure schedule; and be it further

Resolved, That these discussions begin as soon as possible, since some legislative action would be required to accomplish this change in the current physician re-licensure schedule and process.

RESOLUTION 94-22

KMS Proposed Statewide Physician Delivery Network

Not adopted. Combined with 94-15.

RESOLUTION 94-23

HIV Reporting and Appropriate Intervention

Whereas, Senate Bill 198 which required individual reporting of all laboratory-confirmed HIV cases by Kansas physicians and laboratories to the Secretary of the Kansas Department of Health and Environment, as well as providing for appropriate intervention, was considered but not passed during the 1994 session of the Kansas Legislature; and

WHEREAS, The concept of HIV reporting was endorsed by the Kansas Medical Society, the Kansas Department of Health and Environment, the Medical Society of Sedgwick County and the Kansas Association of Local Health Departments; and

Whereas, HIV reporting and case intervention and monitoring serve as an important public health tool in preventing the spread of HIV infection and AIDS; therefore be it

Resolved, That the Kansas Medical Society request the introduction of legislation during the 1995 session of the Kansas Legislature which would require HIV reporting and appropriate intervention. The proposed legislation should provide for the following:

1. Anonymous testing available within not more than 100 miles of any Kansan,

2. Appropriation of funding for early intervention and care coordination, and

3. A 30-day deadline for reporting to assure physician counseling of the patient prior to any intervention by a public health official.

RESOLUTION 94-24

Solar Eclipse Eye Injuries

WHEREAS, An annular eclipse of the sun will occur on May 10, 1994, with the path of annularity passing from south-central through northeast Kansas; and

Whereas, Eclipses produce numerous eye in-

juries to the public; therefore be it

Resolved, That the Kansas Medical Society inform its members and the public to exercise caution when viewing the eclipse.

RESOLUTION 94-25

Emergency Medical Services in Kansas

WHEREAS, Emergency medical care services in Kansas are now fragmented, with no central oversight; and

WHEREAS, The efficient and cost effective delivery of care for persons with medical emergencies and victims of trauma would be greatly improved with central coordination; therefore be it

Resolved, That the Kansas Medical Society develop a task force to study the problem of emergency medical care in Kansas and develop a model for centralized coordination; and be it further

Resolved, That the task force report its findings to the House of Delegates at the 1995 meeting.

RESOLUTION 94-26

Health System Reform

WHEREAS, The KMS House of Delegates has adopted a concise statement of Health Care Ac-

cess Objectives as part of Resolution 92-15 (see attached); and

Whereas, The Clinton administration has introduced the Health Security Act of 1993 which, if enacted, would substantially increase the intrusion of government into the physician-patient relationship, while limiting the freedom of choice of patients and physicians alike; and

Whereas, One of the weaknesses of the current system is that individual consumers of health care are insulated from economic incentives to make

cost-conscious decisions; and

WHEREAS, Medical savings accounts and medical IRAs empower individuals to be prudent purchasers of medical services, while enhancing rather than eroding individual freedoms; and

WHEREAS, Inequities in the federal tax code make health insurance extremely expensive for many individuals because of its non-deductibility, while health insurance costs are fully deductible for business; therefore be it

Resolved, That the Kansas Medical Society reaffirms its dedication to the preservation of a patient's freedom to select the physician and health plan of his or her choice; and be it further

Resolved, That the Kansas Medical Society go on record in opposition to the Clinton administration's Health Security Act of 1993 because of its provisions which are intrusive and detrimental to the physician-patient relationship; and be it further

Resolved, That the Kansas Medical Society supports changes in the tax code which promote equity in the deductibility of health insurance costs; and be it further

Resolved, That the Kansas Medical Society reaffirm its support for insurance reforms which spread risks broadly, as with community rating of policies; and cost-shifting among payors; and guarantee availability by eliminating artificial barriers such as pre-existing conditions and obstacles to portability of coverage.

RESOLUTION 94-27

KFMC

Not adopted.

RESOLUTION 94-28

Medicare-Medicaid

Resolved, That the Kansas Medical Society urge the Medicare and Medicaid programs to minimize mandated chart reviews to only those which

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Information for Authors

Manuscripts must be typewritten, double-spaced, leaving wide margins. The original plus one copy should be submitted. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere may be subsequently authorized at the discretion of the editor.

Brief, concise articles are preferred; an ideal manuscript will not exceed five double-spaced pages. All material will be edited by the editorial staff to assure clarity, good grammar and appropriate language, and to conform to KANSAS MEDICINE style and format. When feasible, material may be condensed.

The author will be asked to review the galley proof prior to publication. Although editing and proofreading will be done with care, the author is responsible for accuracy of material published. The galley proof is for correction of ERRORS; rewriting of material must be done prior to submission. Authors are urged to check manuscripts and galley proof carefully for errors that could result in inaccurate information.

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are absolutely necessary, and only to the extent that such requirements can be applied equitably.

RESOLUTION 94-29

Commendation to Donna Decker

WHEREAS, Donna Decker is retiring from her position as secretary and receptionist of the Kansas Medical Society at the end of May after 13 years; and

WHEREAS, Donna's friendly voice, pleasant disposition and helpful attitude are known to all who call the KMS office; and

WHEREAS, Everyone associated with KMS, including the staff, will miss her greatly; therefore be it

Resolved, That the KMS House of Delegates expresses its deepest appreciation to Donna for 13 years of exemplary service and loyalty to KMS; and be it further

Resolved, That a copy of this resolution be presented to Donna along with the heartfelt wishes of Kansas physicians for an enjoyable and rewarding retirement.

RESOLUTION 94-30

Commendation to the Riley County Medical Society and the Riley County Medical Auxiliary

WHEREAS, The Riley County Medical Society and the Riley County Medical Auxiliary have shown themselves to be most congenial hosts and hostesses and have opened their city to the delegates and their spouses; and

WHEREAS, They have provided for the athletic, intellectual, and aesthetic appetites of their guests and more than satisfied those appetites; and

WHEREAS, They have added the "Little Grand Canyon" and the only bowl-winning Big-Eight football team to their fame of the "Little Apple," therefore be it

Resolved, That the Kansas Medical Society, gathered in Manhattan, Kansas for the 135th meeting of its delegates, commends the members of the Riley County Medical Society and the Riley County Medical Auxiliary for their outstanding efforts in making the meeting a memorable event and a great success; and be it further

Resolved, That copies of this resolution be sent to the Riley County Medical Society and the Riley County Medical Auxiliary.

Every state medical society, 64 medical specialty societies, and the American Medical Association agree that any health system reform legislation must contain the principles outlined in the letter below:

February 23, 1994

Dear Senator/Representative;

As physician organizations, we agree on the need for health system reform legislation that gives every American universal coverage for health care and effectively controls rising health costs, while ensuring quality patient care. These principles have been articulated by numerous medical organizations in their various health system reform policies and proposals. They remain the foundation of our legislative agenda, which is to enact laws that assure universal coverage for a standard set of health benefits, regardless of employment or economic status.

We believe that any measure adopted by the Congress should:

- Achieve universal coverage through a program where responsibility is shared by employers, individuals, and government in paying for health care coverage.
- Assure that every American has his/her choice of health plans, physicians, and other providers.
- Establish competition in the marketplace as a method of slowing the rate of growth in health spending.
- Give patients price and quality information to permit them to make informed decisions.
- Eliminate needless bureaucracy to create an efficient, streamlined, and coordinated system that minimizes red tape for patients, physicians, and other providers. Furthermore, health system reform must leave medical decision-making in the hands of physicians and their patients.

We believe that to enable physicians to best serve the interests of their patients, meaningful health system reform also must contain these elements:

- Significant antitrust relief that enables physicians to have a strong voice to balance the growing corporate and government domination of health care.
- Allow for physician-directed health care networks.
- Enhanced self-regulatory powers that would enable the profession to effectively police itself and its members without the threat of unwarranted litigation.

We also believe that major reforms in the professional liability system must be enacted, including a \$250,000 cap on non-economic damages, limits on plaintiff attorneys' fees, and other measures that would minimize defensive medicine.

Every American will be affected by this legislation. The focus of policy-makers should be on how their decisions will affect patient care. Any system that raises significant barriers between patients and physicians will not provide the quality care our nation expects and deserves. We believe the above principles outline a framework for establishing constructive, effective, and needed health system reform.

Join Johr Colleagues in Johr County and state the died state the state of the died societies and the organizations that

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Washington State Medical Association West Virginia State Medical Association State Medical Society of Wisconsin Wyoming Medical Society

Drug Susceptibility of Tuberculosis Isolates in Kansas, 1992-1993

ith increasing rates of multidrug-resistant tuberculosis (MDRTB) in the United States, public health officials now recommend drug susceptibility testing of TB isolates from all patients with active disease. To determine the drug susceptibility patterns of tuberculosis (TB) isolates in Kansas, records were reviewed for all TB cases reported to the state health department in 1992 and 1993. Of the 139 TB cases reported during that period, drug susceptibility results were available for 100 patients (72%).

In general, drug susceptibility was determined by the proportional method (i.e., comparison of growth on drug-free media with growth on drug-containing media). Drug resistance was defined as any growth $\geq 1\%$ of the control. Resistance to a drug regimen was defined as any regimen that had less than two drugs to which the TB isolate

was completely susceptible.

Resistance to first-line TB drugs is shown in Figure 1. Resistance to isoniazid was 4.4%, and resistance to rifampin was 6.6%. Resistance to either of these two drugs was found to be more common in TB patients who were foreign-born (3 of 24, or 12.5%); being treated for the second time (1 of 4, or 25%); or infected with HIV (1 of 1, or 100%).

When interpreting the data in Figure 1, it is important to note that pyrazinamide testing is technically difficult and does not always accurately predict clinical response to treatment. Therefore, the figure for pyrazinamide may overestimate the true prevalence of resistance to this drug. Pyrazinamide is still a very useful anti-TB drug and is recommended in all initial treatment regimens.

The Centers for Disease Control and Prevention currently recommends that an initial four-drug regimen (isoniazid, rifampin, pyrazinamide, and streptomycin or ethambutol) be used in all areas in which resistance to isoniazid is ≥4% (MMWR 1993;42(No. RR-7):1-8). Based on resistance patterns to various drug regimens for TB cases in Kansas during the past two years, an initial

Figure 1. Resistance to TB drugs: Kansas, 1992-1993.

four-drug regimen would provide adequate treatment for >97% of TB patients (Figure 2). Two-and three-drug regimens would be associated with unacceptable levels of drug resistance.

The national guidelines to prevent additional cases of MDRTB recommend: 1) drug susceptibility testing of Mycobacterium tuberculosis isolates from all patients; 2) initial four-drug regimens for the treatment of TB; and 3) directly observed therapy for persons with TB. KDHE is working with local health departments and health care providers to ensure that these recommendations become the standard of care in Kansas. KDHE currently provides laboratory services for smear, culture and susceptibility testing. KDHE also provides anti-TB drugs for persons with either TB infection (i.e., those persons requiring isoniazid prophylaxis) or active disease. Local health departments attempt to provide directly observed therapy whenever possible. For additional information about TB control, physicians

Isoniazid

A.4

Rifampin

6.6

Pyrazlnamide

Ethambutol

3 to 10 15 20

Percent Resistant

Reported by: Kansas Health and Environmental Laboratory and Bureau of Disease Control, Kansas Department of Health and Environment.

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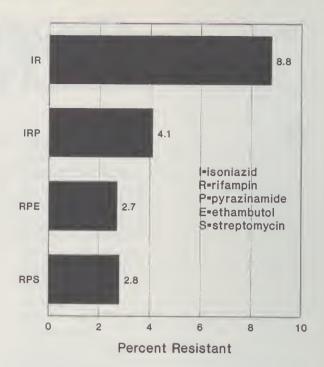


Figure 2. Resistance to TB drug regimens: Kansas, 1992-1993.

can contact their local health department or the Tuberculosis Section in the Bureau of Disease Control at 913-296-5589.

CME OPPORTUNITIES

Current Concepts in Primary Care Cardiology, July 24-28, Lake Tahoe, NV. UC Davis Med. Ctr., 916-734-5390.

Clinical Allergy for the Practicing Physician, July 28-30, St. Louis. Washington Univ. Med. Ctr., 800-325-9862.

Peripheral Vascular Disease, Aug. 5, Kansas City, MO. Research Medical Center, 800-821-5140, ext. 4306.

Internal Medicine Postgraduate Symposium, Sept. 8, Overland Park. KU Med. Ctr., 913-588-4488.

ACP Kansas Chapter Scientific Meeting, Sept. 9, Overland Park. KU Med. Ctr., 913-588-4488.

Parkinson's Disease, Sept. 17, St. Louis. Washington Univ. Med. Ctr., 800-325-9862.

North American Menopause Society Annual Meeting, Sept. 22-24, Washington, DC. Call 216-844-3334.

Musculoskeletal MRI Fall Conference, Sept. 24-25, Los Angeles. Medical Seminars Int'l., 818-774-9077.

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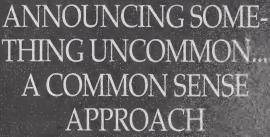
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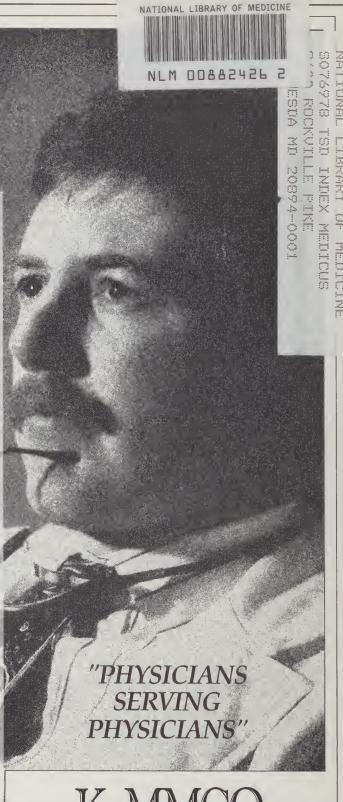


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July 1994

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- Medicine and Computers
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ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

his month's cover photo, entitled "Kansas Morning," is from the book *Kansas on My Mind*, which contains an introduction and photographs by Steve Harper. His photo of the Flint Hills burnoff was featured on our cover in April. If you see this book, you'll marvel at the many forms of beauty in the Sunflower State, refuting the common impression that Kansas is just a stretch of flat land as far as the eye can see.

The scene on our cover, in Harvey County, is another example of the beauty found in Kansas, often in the most ordinary places. It reminds us of the warm — even hot — summer days that are normal seasonal fare for our state. The black-eyed Susans form a cheerful border in the foreground, and an occasional lazy white cloud floats at a leisurely pace across the sky. It is hard to determine if the wheat field has been harvested, but at this time of year the harvest has probably been completed. The scene suggests it has been another good year.

The perfectly formed rainbow, a refraction and reflection of sunlight on raindrops, indicates a recent shower and helps to create a remarkable picture of Kansas, one that brings to mind the statement by legendary Emporia *Gazette* editor William Allen White that "Kansas is a state of the Union, but it is also a state of mind . . . the barometer of the nation. . . . Kansas is a spiritual tuning fork."

Contemplating this Kansas morning, if we close our eyes and listen very carefully, we just might hear the click of ruby slippers and a voice from the other side of the rainbow: "There's no place like home." Right you are, Dorothy.

Free to Choose

As the spectre of health care reform (or revolution) approaches, one of the major concerns among patients is their ability to choose their own doctor. Although assurances have been given that this will be a feature of the reform plan, a careful



reading of the proposal would indicate otherwise. As delineated so far, the health care "alliances" do not necessarily have to enroll every physician, so the physician a patient desires may not be a member of the alliance from which the patient must choose a doctor. There are also penalties (fines and/or imprisonment) if one goes outside the alliance and makes arrangements with the physician of choice. While the plan at this point is not finished, one hopes that these concerns will be corrected in the final draft.

Another choice that is nowhere mentioned, but is of concern to some, is the physician's choice of patients. Principle VI of the AMA's Principles of Medical Ethics states, "A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services." The concern is that in spite of this principle, which has stood for many years and which may seem inviolate, the federal government may overrule it, reasoning in its usual illogic that all physicians are the same, that the principle just allows some doctors to avoid treating patients they don't like, and that this is discriminatory and must be abolished.

But the principle is a good one and must be maintained. From ancient times, physicians have recognized that a patient's health and well-being depend on a collaborative effort between patient and physician. The time-honored doctor-patient relationship is of greatest benefit to patients when they are comfortable with their doctor — when they can share their symptoms, concerns and

medical history in a confidential manner and place their confidence and trust in his or her judgment and care.

Principle VI takes into account the fact that the personalities of patient and doctor may not always be compatible. Many times, the physician is the first to notice the conflict. In such a situation, the physician should notify the patient and provide care until the patient has secured another physician. Signs that indicate incompatibility may include a failure to keep appointments; non-compliance with treatment modalities such as medications, rehabilitation efforts, etc.; and litigation. In the best interests of the *patient*, the freedom of the physician to choose whomever to serve must be maintained!

If these concerns seem unfounded, consider how other players in the health care field have been treated of late. The pharmaceutical industry was blasted by the Clintons in January because of their "greed" and "outlandish" pricing. In the spring, Mrs. Clinton railed against the insurance industry, especially after the "Harry and Louise" television commercials. There is no doubt that as the health care debate continues, hospitals and physicians will come in for their share of criticism. Think back to Medicare and Medicaid, when the government accused hospitals and physicians of cheating the government, although they could produce little evidence to support their claims. Eliminating the physician's right to choose whomever he or she will serve would make the government's plan easier to administer and more firmly establish their control of health care. It would be interesting to see how an amendment to preserve the physician's right to choose whomever to serve, except in emergencies, would be received in the halls of Congress.

This administration's policy seems to be to divide and conquer. Let us be wise enough not to let it put health care under government control. That is not in our patients' best interests. W.E.M.

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John Scheufler Wichita, Kansas

A Graduation and a Renewal

y son Steve and I had the great pleasure of sharing a wonderful experience in June: his graduation from medical school. Kay and I arrived in Hanover, New Hampshire (the home of Dartmouth) the Thursday before Steve's graduation. That



evening we hosted an informal gathering of several of his classmates. It was fascinating to hear their conversations: the sadness of leaving each other, the awareness of loss of the supportive relationships they'd formed, the joy of a newly married couple, the joy and eager expectation of the couple expecting its first child, and the universal excitement and anxiety of starting the next chapter of their lives, and of going off to places like New York City, Baltimore, Boston, Chicago, Iowa City, Denver, Salt Lake City, Los Angeles, San Francisco and many others. I had forgotten that sense of excitement and, yes, fear my class experienced when we graduated 29 years ago!

Friday began with a trip to the medical school and visits to the book store to close out his account and pick up the emblems of remembrance: a lapel pin and tee shirt. Then to the mailbox to close it out and, of course, there were continuous farewells — even to the canine mascot. I'd forgotten how difficult those good-byes were.

Next was the last formal lecture session for the class — in the lecture hall where it had all begun almost four years ago. The class had chosen three favorite faculty members to present the farewell addresses. First was the short, dapper, balding general internist who presented a carefully phrased address, complete with slides, about taking the high road and about the road(s) less traveled. It was very scholarly and quietly uplifting.

Next was the steely-eyed general surgeon with his abrupt, penetrating lecture — he even asked questions! I found myself slouching in my seat, fearful he might call on me. But after the first several serious minutes, he switched to a warmer (somewhat) style and spoke for himself and the rest of the faculty about his confidence that the class will make itself and Dartmouth proud.

Finally came the family physician, with her three-year-old son in the back row (having just come from his nursery school graduation), telling the class how talented each of them is, challenging them to do their best, and assuring them that if they do, they will be great. I don't remember such speeches at my graduation, but I suspect we had them.

The last event on Friday was the very informal rehearsal of the actual graduation ceremony. At this time, we were told that physician fathers (and mothers, too — but there were none) could participate in the hooding.

Saturday was class day, warm and sunny. The ceremony was held on the lawn of the medical school with the students and well-wishers in wooden folding chairs and the dignitaries and faculty seated on temporary risers, facing the students. There was, of course, the welcoming address by the dean of the medical school, with his subtle but effective plea for donations from alumni and friends. Several honors were given to alumni and students. Then came the graduation address by Dr. Perri Klass, a pediatrician and author.

She spoke about how all of our lives are rich with experiences if we just look and listen, and about how there is a writer in all of us (physicians). She encouraged the graduates to broaden themselves and reach for the higher goals.

Then came the hooding ceremony — how impressive were those deep green hoods, and how proudly we parents put them over the heads of our sons and daughters, and how proud they were then to walk across the stage and descend as "real" doctors — well, almost.

After Josh Yamamoto (last in the class alphabetically) received his hood, Professor John Rassias read the Oath of Hippocrates in the original ancient Greek. The graduates and all physicians in attendance then recited the modern oath. It's changed since we did that in 1965.

With these new graduates I felt a (renewed) sense of purpose and dedication and a sense of privilege and pride in being a physician. At that point, I realized that this new generation will continue to enjoy that same almost mystical sense of purpose and mission that we have — regardless of the effects of health care system reform.

I needed that experience of renewal. I think we all can benefit from a renewal from time to time!

Donald R Brade, Dis

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Physician-Assisted Suicide: Washington State Law Is Unconstitutional

WAYNE T. STRATTON, J.D.,* Topeka

case with significant implications in the long-debated issue of physician-assisted suicide was decided recently. A federal court ruled that a Washington state ban on assisted suicide is unconstitutional. Unlike the widely publicized cases involving Dr.



Jack Kevorkian, which applied the Michigan Constitution, this case applies the U.S. Constitution.

The United States District Court for the Western District of Washington ruled that the Washington state law, which declared it a felony to assist anyone in committing suicide, was unconstitutional because it placed an undue burden on the exercise of a protected liberty interest. As written, the law would not allow terminally ill, mentally competent adults acting knowingly and voluntarily, without influence from third parties, to commit physician-assisted suicide. The court went on to say that the Washington state law also violated the right to equal protection under the United States Constitution by prohibiting physician-assisted suicide while permitting the refusal or withdrawal of life support systems for terminally ill individuals.

While the Washington state statutes more clearly and expressly prohibited physician-assisted suicide for the terminally ill than does the criminal statute making it a felony to assist with a suicide in Kansas, the two laws were otherwise similar. Both the Kansas and the Washington statutes deem it a felony for anyone to intentionally advise, encourage, or assist another person in taking his or her own life. At the same time, both states

statutorily allow the withholding or withdrawal of life-sustaining procedures from terminally ill patients through either their own decision or through a written declaration.

The Supreme Court has heretofore identified certain fundamental rights that are entitled to constitutional protection. These include decisions relating to marriage, procreation, contraception, family relationships, child rearing and education. These rights involve issues which, to paraphrase the Supreme Court, are too intimate and personal for the State to interfere with, not-withstanding the way such principles have developed in our culture.

The plaintiffs in the Washington case included three patients. One, a 69-year-old retired female pediatrician, who suffered from the end stage of cancer which had metastasized throughout her skeleton. She went by the pseudonym Jane Roe. While Roe had been completely bedridden and incontinent for nearly a year, at the time of this decision she was still mentally competent and desired to have a physician assist her in hastening her death by taking prescription drugs. The second plaintiff, called John Doe, was a 44-year-old artist dying of AIDS. His doctor provided testimony that he was in the terminal phase of the illness. Finally, James Poe is a 69-year-old individual who suffers from the terminal stage of emphysema. Poe is now constantly connected to oxygen and takes morphine regularly to calm the panic reaction associated with the feelings of suffocation arising from his condition.

Joining the three patients were five physicians: Dr. Harold Glucksberg, an oncologist and assistant professor of medicine at the University of Washington School of Medicine; Dr. John Geyman, professor and chair of the Department of Family Medicine and currently in private practice in that specialty; Dr. Thomas A. Preston, chief of cardiology at Pacific Medical Center in Seattle, whose practice includes a large number of HIV-infected and AIDS patients; and Drs. Halperin and Shalit, clinical instructors at the University of Washington School of Medicine.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

The final plaintiff was a not-for-profit group called Compassion in Dying, which provides information, counseling and assistance free of charge to mentally competent terminally ill patients considering suicide and to the families of such patients. Before rendering assistance, Compassion in Dying requires their patients to submit to the following protocol: They must be considered terminally ill in the judgment of a primary care physician and be capable of understanding their own decisions. They must be evaluated by a mental health professional to assure that their decision is not motivated by depression, emotional distress, or mental illness; nor can their request be based upon inadequate comfort care or any form of health insurance or economic concern. The requests must come from the patients in writing or on videotape and must be repeated three times at no less than 48-hour intervals. Compassion in Dying will not assist patients with suicide if they express any doubt or uncertainty about their decision.

As a group, the plaintiffs insisted the Washington state law, which made it a felony for a physician to assist the terminally ill, mentally competent adult with suicide, violated their due process rights in that the right to die is a fundamental and intimately personal right which cannot be unduly burdened by the state.

Judge Rothstein, the author of the decision, recognized that physician-assisted suicide may violate the moral code of some. He said, however, that it is not the role of the federal courts to define the moral standards of a few, but to define liberty for all. The court went on to say that the legitimate state interests in protecting the physically healthy and/or mentally ill from the dangers imposed upon them by others' efforts in support or assistance of their suicide could be adequately protected without a complete ban.

The court noted that modern law creates two classes of terminally ill people: 1) those whose condition is comparable to that described in natural death acts common in most states and in the decision founded in the *Cruzan v. Director of Missouri Department of Health* case (where the court stated that a competent person had the right to refuse or withdraw life-sustaining treatment); and 2) individuals who are terminally ill, but do not require constant life-sustaining treatment. This, the court said, violated the constitutional mandate that requires all persons in similar situations to be treated alike.

(Continued on page 175.)

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Medical Education for the Year 2000 and Beyond

DANIEL HOLLANDER, M.D.,* Kansas City

edical students currently enrolled at the University of Kansas Medical Center will spend most of their professional lives working beyond the year 2000. Graduates of our school of medicine will be practicing in a world very different from the one for which we were trained.

From the technological point of view, the practice of medicine today has exceeded all our expectations. Advances in computers, electronics, imaging sciences and molecular medicine have completely reshaped the way we diagnose and treat diseases. Our use of the history and physical examination has shifted to rely more on complex devices to detect diseases at earlier stages than in the past. These innovations have allowed us to make incredible strides in our abilities to diagnose and treat diseases. But they have come with extremely high human and economic costs. Also, highly technical approaches to medical care have increased the distance between physician and patient. As a result, the image of physician as healer has vanished for most patients.

The medical profession and the public it serves demand changes in medical education and practice. One major change now emerging is the reintroduction of the "traditional" primary care provider. The term primary care refers to physicianpatient interactions based on a broader approach than that employed by the specialty-trained physician, and it emphasizes a more comprehensive and personal relationship. The primary care physician acts as gatekeeper, so only some patients are referred to a specialist for diagnostic procedures or interventions. Yet primary care physicians maintain control of the patient's diagnosis and therapy. In this focus, the underlying hope is that the primary care approach to medicine will become more personal, humane, comprehensive and cost-efficient.

The University of Kansas School of Medicine has trained more than half of our state's physicians

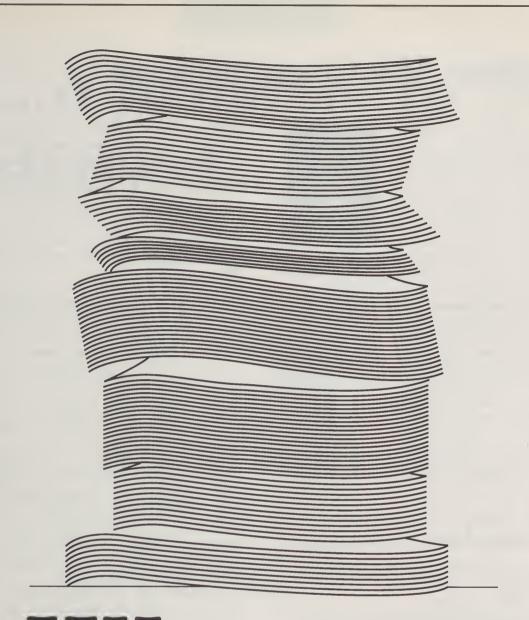
in family practice, primary care and a full spectrum of specialties. To maintain its position as a national educational leader, the school must lead the way to change the educational process and its mix of physicians and graduates.

A recent \$200,000 planning grant from the Kansas Health Foundation for a \$15 million, 5year grant will help the university in this endeavor. The school of medicine will undergo comprehensive assessments of its educational mission and methods to reorient itself toward a greater emphasis on primary care. This grant will propose methods to examine student admissions, their four-year curriculum, training and subsequent graduation in the school's various programs. The grant will support efforts to identify medical school candidates likely to pursue careers in primary care. It will enable the school of medicine to revise the curriculum. In a new model, clinical medicine will be introduced earlier and with greater emphasis stressing primary care throughout the four years of study.

The Kansas Health Foundation's grant will enable the faculty to expand undergraduate and graduate programs in the school. Also, the grant will allow the school to explore ways to attract primary care physicians to both urban and rural areas in Kansas. Finally, the grant will investigate techniques to keep graduates up-to-date through innovations in their continuing education.

Thus, the partnership between the University of Kansas School of Medicine and the Kansas Health Foundation will accomplish a great deal in unifying the medical school and its campuses in Kansas City and Wichita. The excellent tertiary care programs will continue, while increased emphasis on primary care will shift the direction of medical school training to accommodate the needs of the 21st century. The result will be better health care for the citizens of Kansas.

^{*}Executive Dean, University of Kansas School of Medicine, Kansas City.



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Laughter: The Cheap Medicine

Vith health care reform looming in our future, many of us have become frustrated by the changes we see facing us. We need to remember to set aside some time for laughter. Laughter is cheap medicine. It takes your mind off your problems,



changes your attitude and outlook on life, and causes a reduction of tension. In short, laughter relaxes us and gives us a sense of well-being.

Dr. Norman Cousins, in his best-selling book Anatomy of an Illness as Perceived by the Patient, takes an interesting look at the use of humor to overcome a painful and debilitating illness. Cousins found that ten minutes of good belly laughter gave him two hours of pain-free sleep. Previously, even heavy medications were unable to relieve the pain from severe inflammation of his spine and joints enough for him to sleep.

Cousins stumbled upon this treatment by chance. His doctors had tried every medical application they knew of to no avail. Working with his

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physician, Cousins began a consistent treatment of vitamin C, along with prescribed humor therapy. He would watch his favorite humorous movies and read funny books. Ten minutes of this unique prescription allowed him two hours of pain-free living. Cousins eventually recovered and in response to his experience, numerous studies have confirmed the value of laughter in healing.

So how do we apply this prescription to our-

 Be willing to laugh at yourself. Get out your high school yearbook, and you might be able to have a laugh. Or serenade yourself in the shower with an old ditty from high school.

• Think funny. Even our stressful times can produce laughter. It is important to remember that what we think about during those events will determine our reaction. Take the guy who entered the doctor's examining room and explained, "Sorry I didn't come sooner, Doc, but I got held up in your waiting room." Think funny!

• Renew the child in you. Researchers say preschoolers laugh up to 450 times a day. Adults laugh an average of 15 times a day. Who do you think is healthier? Children have an uncanny ability to make anything funny. As you go through this day, ask yourself, "How would a nine-yearold respond?" Even if you don't laugh, the exercise will brighten what you see.

At Northwestern University, a study conducted under strict scientific test conditions demonstrated that the act of laughing massages the heart, stimulates blood circulation, and helps the lungs breathe easier. Another test at Fordham University reinforced the conclusion that laughter benefits the heart, lungs, stomach and other organs. It relaxes our tensions and promotes a feeling of well-being.

Health care reform is a serious issue, and it is on all of our minds, but we must balance it out. Take the time each day to laugh. After you've read the latest article on medicine and the ways Congress will change it, turn to the funnies! Next time you listen to C-Span's coverage of the health care debate, turn to a comedy show afterwards for a change of pace.

Keep laughing!

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Council District Reports

The following reports were included in the delegates' notebooks at the KMS Annual Meeting in Manhattan.

COUNCIL DISTRICT I

The members of Council District 1 met on October I4, 1993, at the Leavenworth Country Club. Unfortunately, many members, including myself, were unable to attend. Alternate Councilor Vernon Mills, M.D., attended and reported a good attendance by the Leavenworth Medical Society and an excellent exchange of information with KMS President Dr. Art Snow.

I have been able to attend all Council meetings in the past two years and to transmit important news items to component societies in Leavenworth and northeast Kansas, including my own Atchison County Medical Society. Also, being a member of the Future Task Force has allowed me to share information regarding pending formation of the KMS-sponsored IPA, on which delegates will vote at the Annual Meeting. As this proposed association becomes more of a reality, I would anticipate setting up an informational meeting for the members of all three medical societies in our district.

John R. Eplee, M.D., Councilor

COUNCIL DISTRICT 2

The Wyandotte County Medical Society held a joint meeting with Johnson County Medical Society, at which KMS President Arthur Snow, M.D., and KMSA President Cathy Wilcox spoke. It was a very informative event, and during the business meeting a joint motion was adopted to officially protest the institution of a \$150 annual "credentialing fee" by K.C. Blue Cross-Blue Shield. This was done, but a very unsatisfactory answer was received from Blue Cross, to the effect that "everybody is doing it," and they would not reconsider.

In January, at our annual President's Party, we celebrated completing 100 years as an organization, having been chartered in 1893. In April we recognized the 60th anniversary of our auxiliary.

Once again, we have embarked on a member-

ship drive, since there are quite a few physicians in our county who do not belong to the society. Our board of directors has been busy keeping track of the developments in health care reform, the proposed KMS physicians' network and the Medicaid proposal for pilot programs utilizing capitation.

Barbara P. Lukert, M.D., Councilor

COUNCIL DISTRICT 3

During the past year, the Johnson County Medical Society has been an active participant in health care reform issues. On January 22, we held a legislative breakfast meeting, attended by 10 legislators and 29 physicians. With Johnson County Medical Society President Richard Huseman, M.D., leading the discussion, the legislators spoke frankly about their views on the state of Kansas' role in the delivery of health care. Also in January, Elizabeth Gallup, M.D., J.D., spoke to our members on the topic "Managed Competition: The Move to Integrated Care."

Our tenth annual legislative dinner, held September 21, 1993, was attended by 145 people, including Johnson county legislators and judges. The speaker was Olympic gold medalist and KU alumnus Billy Mills. KMS President Arthur Snow, M.D., and KMSA President Cathy Wilcox addressed our conjoint group (Johnson and Wyandotte societies) in November.

Scott Frankel, M.D., chaired the fourth and fifth physician preceptor programs. Thirty-four participants from the business and civic communities were involved in the two-day programs. These individuals spent half a day with a physician from each of the four areas of primary care, emergency medicine, surgery and other specialty groups. Other community involvements included Doctors on Call, sponsored by the Metropolitan Medical Society and KCTV-5; and awards sponsored by the Jackson County Osteopathic, Metropolitan Medical and Johnson County Medical Societies for the Greater Kansas City Science Fair.

Prizes and certificates were presented to the first-, second- and third-place entries in the fair.

The fourth Tuesday of each month, a luncheon for our office personnel is held at an area restaurant. Roundtable group discussions are held regarding pertinent topics such as policy manuals and job descriptions.

Douglas M. Whitley, M.D., Councilor

COUNCIL DISTRICT 6

The past year has been one of the busiest ever for Shawnee County Medical Society. We have continued to build upon our increased involvement in health-related community service and public health education programs, while at the same time attempting to address the needs of our growing membership in an uncertain environment. Last June, Jennifer Kennedy, M.D., was elected president. Dr. Kennedy is a psychiatrist at Menninger and director of their Eating Disorders Unit. She is the third woman president in our 93-year history. Our annual meeting was again held at Historic Ward-Meade Park. Plans continue in conjunction with Ward-Meade on a turnof-the-century drug store and doctor's office museum project. The groundbreaking was in October, and construction of the building will begin this summer, with expected completion in the fall.

Three years ago, SCMS embarked on a concerted effort to establish an identity for itself as a community leader in issues concerning public health, and to be more involved in public health education and service. We have had a busy and successful year, with numerous activities.

In August, the Race Against Breast Cancer, a program to sponsor no- or low-cost mammography screening for women, celebrated its first birthday. During this inaugural year the program provided free mammograms for over 200 women and free follow-up care for 5 additional women, two of whom needed surgery. This program was developed by a coalition of the two local hospitals, Radiology and Nuclear Medicine, Shawnee County Health Agency, Marian Clinic, SCMS Alliance and the Junior League of Topeka. All providers agree to donate their services, and extra funding is generated by a 5K walk/run. This race, our second, was held in October and raised \$15,000. The mammography program is being used as a model for similar programs in communities throughout the country.

During the past year, we have focused on providing patient education on several issues. In August we hosted, in conjunction with the Alzheimer's Association, a day-long workshop for the families and caregivers of Alzheimer's patients. This was highly successful, with over 250 persons in attendance. In November we joined with the Diabetes Association to host a diabetes patient care conference, with 200 in attendance. We plan to repeat the event this year.

The SCMS has also helped to organize several health screening projects. In June we held a sickle-cell anemia screening at Highland Park High School, and in February, in conjunction with the Topeka Housing Authority and other community agencies, we held the first in a series of health screening fairs at THA sites. Over 200 people participated in this event, and we plan to hold these on a quarterly basis.

Our social issue this year was child abuse and family violence. As well as being involved at a community level, SCMS, Stormont Vail Regional Medical Center and St. Francis Hospital hosted a weekend entitled BREAK the Silence. This was for the purpose of educating our community on the issue of child sexual abuse. The centerpiece of the weekend was TEARS of the Children, an international collection of child sexual abuse survivor art. Over 1,000 people attended this three-day event.

Our legislative committee continued to address issues important to SCMS. In August, we hosted the Shawnee County legislative delegation and state, county and local officials at a reception at the Governor's mansion. The committee polled our members in the fall to learn which issues are of importance to the membership, and how they should be addressed. After identifying the top ten issues, the committee held semi-monthly, hourlong morning sessions, in which members had an opportunity to attend and share their viewpoints on a single issue.

In addition to public activities, we have continued to revitalize our internal structure. Our women's, seniors' and residents' sections all have had special activities throughout the year. The women's section hosted a reception for all women physicians in Shawnee County in September and conducted a membership drive for women physicians. They also hosted, with Menninger, an evening presentation on "Confronting the Effects of Violence in the Healthcare Setting."

Our seniors' section has been addressing the needs of our retired and senior physicians. In their

first year, they looked at providing social activities for the group. This year they have begun the creation of a support network. In November, we started a senior doctors' lounge. Every Friday, from 10 a.m. to noon, senior physicians can drop by the board room in our office for coffee and donuts, conversation and support. This has proven very successful.

The board, in its desire to be responsive to the changing needs of the membership, has created a special task force to examine the changing needs of our members and the direction the medical society should take in the future to meet those needs. We will make a report to the membership

sometime this summer.

Our membership is still growing, with 407 at this time. We mourn the loss of Drs. Hall E. Harrison, William Zimmerman, Hubert Harris and Warren R. Roberts.

In the upcoming year, we will focus more on how we can better meet the needs of our membership in an uncertain environment. We are excited about the work we do and look forward to a challenging year.

Robert D. Durst, M.D., Councilor

COUNCIL DISTRICT 7

District 7 has continued its monthly meetings (except during the summer). Each consists of fellowship, business, a good meal and a good educational program. Our speakers come from outside our local area and present a variety of medical topics on the many specialties represented in our district.

This year, we were pleased to welcome the participation of Burlington's two new physicians.

Our minor concern is the future of medicine.

D. A. Ginavan, M.D., Councilor

COUNCIL DISTRICT 8

Our year was highlighted by the visit in September 1993 of KMS President Arthur Snow, M.D., and KMSA President Cathy Wilcox. Dr. Snow explained his objectives for his year as president and discussed several legislative matters. Mrs. Wilcox outlined her program for the coming year and the appropriateness of developing new programs.

There has been little dialogue with the Butler-Greenwood Medical Society, but they were invited to the Annual Meeting of District 8.

The Cowley County Medical Society holds monthly meetings and has a scientific program sponsored by the Wichita branch of the KU medical school. Also, some programs have been spon-

sored by pharmaceutical companies.

The rescinding of unified membership has been of some help in membership recruitment, but we still have not attained the level achieved before the unified membership resolution passed. Our goal, not yet achieved, is to enroll every Cowley County physician in KMS. We still have several members who are also AMA members. There is continued attrition among physicians in the district, and Arkansas City has been working diligently to recruit. We do have some consultants from Wichita and Ponca City, which helps a great deal. And we welcome one new arrival, Dr. Kamran Shazada, an internist.

Newton C. Smith, M.D., Councilor

COUNCIL DISTRICT 9

The Salina Cares Health Clinic continues to expand its services and increase the number of patients served each year. Started in April 1991, the clinic, spearheaded by Dr. Mark Bell, has grown by leaps and bounds. The clinic's mission is to provide medical services to Saline County residents who have no medical insurance or government access to health care, and whose income falls within 150% of federal poverty levels. During the past year, the number of patients seen grew to 510 (compared with 230 seen in 1992). One hundred and twenty patients were referred to 35 local physicians for care or surgery. Both hospitals provided more than \$128,000 in services and goods for these patients, and over \$28,000 in prescription medicines were donated for these individuals.

The Smoky Hill residency program is alive and well in Saline County. The program is now a three-year residency program and is authorized for up to four new residents per year. At this time, there are ten residents in the program, and all the places have been filled for next year. To date, 92% of all residents graduated from the Family Practice program have stayed in Kansas to practice medicine.

Alan L. Kruckemyer, M.D., Councilor

COUNCIL DISTRICT 11

The Medical Society of Sedgwick County's entities have outgrown its existing facilities. The society's large auditorium has been converted to office space to house the Medical Society Medical Review Foundation, WPPA, WPPA-EAP and the Medical Service Bureau. The MSSC and the Kansas Physician Information Verification Program's offices will remain in their current facilities.

WPPA-Employee Assistance Program (EAP). Through contact with Beech Aircraft Corporation, as of January 1, 1994 the WPPA-EAP provides an Employee Assistance Program. In addition, it has been expanded to include utilization review for outpatient care for mental health and substance abuse cases. The new structure requires precertification for all levels of these types of care. Precertification for inpatient and partial hospitalization will still be provided through the Medical Society Medical Review Foundation; however, all outpatient treatment

requires certification by the EAP. Kirk Huhman, social worker, and Kristine Tossie, R.N., staff this program.

Physician Information Verification Program. This program, established in August of 1992 through cooperative efforts of area hospitals and the society, continues to grow. It centralizes the verification process for physician applicants for appointment and reappointment to the medical staffs of participating health care entities, of which there are six: HCA Wesley, Riverside, St. Francis, St. Joseph, HCA Wesley Rehabilitation and the Galichia Medical Group.

As of February 1994, 187 applications have been or are being processed, and so far 829 reappointment applications have been handled. Reappointment, using birth month/year for uniformity, began in February. The program is administered by the society's board of directors, based on recommendations of an advisory council composed of representatives from each of the participating entities. Sharon Hartley, CMSC, serves



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as program director. Plans are to make this program available to hospitals and other organizations throughout the state later this year.

Health Reference Library. In a joint effort of the Wichita Public Library Foundation and the MSSC Foundation for Medical Care, Inc., a health reference library at the Wichita Public Library was made possible in 1993 with a \$7,500 grant from the MSSC Foundation for Medical Care, Inc. The money bought a user-friendly computer, a desk and printer to provide free copies of information, in addition to a one-year subscription to a service that provides updated information each month. Information available includes over 160 journals on health, fitness, nutrition and medicine, including the full test of over 90 of these periodicals, abstracts of professional medical journals (written in layman's terms), and the full text of five leading medical reference books, including Mosby's Medical Dictionary and Columbia University's Complete Home Medical Guide. During 1993, 13,080 library patrons utilized the Health Reference Center, which averages 36 people per day. The patrons' comment cards have been highly complimentary and show they are learning about family diseases and conditions, and doing research on papers for school.

Emergency Student Loan Fund. Through the cooperative efforts of the society, its auxiliary and UKSM-W, this fund was established in 1992 to assist medical students, and since that year it has helped 68 individuals. Administration of the program is through the society, based on eligibility and repayment guidelines established cooperatively. The maximum loan amount is \$500, to be repaid within 90 days, with no interest.

Pharmacy Hotline. In cooperation with the Wichita Academy of Pharmacists and the society, this informational exchange program was reorganized. Its purpose is to provide physicians and pharmacists with a communication network to aid in recognizing forgeries or attempts to obtain prescription drugs fraudulently.

Heart Emergencies Program. In cooperation with the Sedgwick County Division of the American Heart Association, the Sedgwick County Health Department, Emergency Medical Services, the City and County Fire Departments and the MSSC, the public has been made aware of the common signs of heart attacks, with warning signs carried on grocery sacks at Dillons supermarkets each January. Future plans include informational stuffers mailed with utility bills and pub-

lic service announcements through the news media.

Anti-Smoking Campaign. The board of directors supports the concept of a smoke-free environment by the year 2000 and the passage of a local ordinance banning the sale of tobacco and tobacco-related products.

New Sedgwick County Coroner and Medical Examiner. Corrie May, M.D., board-certified forensic pathologist, began her duties in May 1993 in this position. The purposes and expectations of that office are being met.

Proposed Medicaid Managed Care Program. The Kansas Department of Social and Rehabilitation Services, Wichita hospital representatives and several MSSC physicians are meeting to discuss the development and initiation of a pilot Medicaid managed care program for the 56,000 Sedgwick County residents covered under Medicaid.

Advance Directives Project. The society continues to provide financial support to this project, which makes living wills and powers of attorney for health care decisions available to the public.

Area Skin Cancer Screening Clinic. Nine Wichita dermatologists held their fifth annual free skin cancer screening and detection clinic in May 1993. The clinic is sponsored by the American Academy of Dermatology, American Cancer Society and the MSSC. Of the 553 patients screened, 43% were found to have suspected carcinomas or precancerous skin lesions. Eightyseven suspected cancers were found, 77 of which were suspected non-melanoma skin cancers, including 58 basal-cell carcinomas, 15 squamouscell carcinomas and two suspected cutaneous lymphomas. All patients were referred back to their primary physicians for follow-up and treatment.

Medical Careers Loan Fund. Since 1960, this fund has provided \$406,192.75 in loans to 84 medical students.

The Wichita Coalition against Gun Violence. The board supported an ordinance sponsored by this group which would institute a five-day waiting period on handgun purchases without a background check.

WPPA-HMO. In view of the anticipated changes health care reform will bring about, as well as the current market influences, the WPPA Board of Directors approved organizing a health maintenance organization program.

Other society activities, too numerous to describe in detail, include a very active legislative

committee, EMS physicians advisory committee, patient referral service, medical review foundation, WPPA and community-wide physician paging system. As of the end of 1993, the society's total membership was 937, of whom 757 are actively practicing. The society and its entities' staff has increased to 28.

James A. Loeffler, M.D., Councilor

COUNCIL DISTRICT 13

Dr. Arthur Snow addressed the Central Kansas Medical Society membership at our fall meeting in December. The current concerns of the state's "403" Commission, as well as the national (Clinton and others) health care plans and planners were discussed.

The Society sadly reports the death of Dr. James P. Haigler, a general practitioner, on December 15, 1993. Jim had been retired for several years prior to his death, having spent most, if not all, of his professional life in service to the Hays community. He will be missed.

The medical community of the S area is suddenly growing. We have seen several more new physicians enter the community than leave. Several openings and practice opportunities are now being filled. Since Hays Medical Center hired a full-time physician recruiter and an assistant, there have been redoubled efforts to hire primary care physicians. With the cooperation of physicians in the community, new physicians were recruited in oncology, family practice and pediatrics

CKMS continues its long-term commitment to support Fort Hays State University by funding support for pre-med student scholarships.

Ward M. Newcomb, M.D., Councilor

COUNCIL DISTRICT 16

Northwest Kansas Medical Society, District 16, remains unstable. Promises of new physicians come to fruition about once in 10 cases, while rumors of loss invariably prove true. One community lost all its physicians nearly overnight. Those who leave choose retirement (two-thirds opt for retirement earlier than planned), or the greener pastures of teaching programs or emergency medicine (quote: "twice the pay, half the hours, no government hassle").

Our hospitals continue to stagger beneath increasing mandates and decreasing rewards. When Washington sets aside the stick briefly to examine the shrinking carrot, they advise "increased cooperation," which cannot exist in the siege mentality they have forced upon us. One does not, when starving, ponder a more equitable distribution of rations. It appears, however, that by jointly purchasing IV supplies, an institution can free up sufficient funds to advertise incentives for area patients to avoid other providers in the "cooperative."

The good news is that our rural citizens, as always, are never refused care. The bad news is that HCFA, as always, accepts such as proof that we remain delighted with all aspects of the current Medicare program. A physician with more wisdom than I have could perhaps explain to them the concept of voting with your feet before all our rural Main Streets return to buffalo grass.

John Rand Neuenschwander, M.D., Councilor

COUNCIL DISTRICT 17

The Southwest Kansas Medical Society had an interesting meeting on September 16, 1993, with Dr. Thomas Mathews presiding. There was a discussion on various public service projects extension of general information to the public, and on PAs' attendance. The latter subject was referred to the Councilor for follow-up information. We also made initial plans for a membership directory similar to that of Sedgwick County Medical Society. The speaker was Christian Hageseth, M.D., a psychiatrist, who spoke on "The Art of Psychology with Positive Humor in the Face of Adversity."

At the meeting on November 2, 1993, Dr. and Mrs. Art Snow, Cathy Wilcox, and Chip Wheelen visited and brought news of KMS. Dr. Mathews reminded the audience to make their opinions known to the legislators regarding the future of health care. Mrs. Wilcox, President of the KMS Alliance, gave a brief talk stating the goals of the alliance for the current year and emphasizing the role of the AMA-ERF in defraying the cost of medical education. Dr. Snow spoke about the health care system, our medical society's involvement and participation in the legislative process, particularly at the state level, for the upcoming legislative session.

At our March 8, 1994 meeting, at the South-

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wind Country Club in Garden City, there was a discussion with speakers on financial planning in the 1990s.

Our last meeting was held on April 19, with Senator Steve Morris speaking on "The Kansas Legislature, with Emphasis on Health Care Reform."

Bruce Melin, M.D., Councilor

COUNCIL DISTRICT 18

The Douglas County Medical Society met on February 15. The guest speaker was Jerry Slaughter, Executive Director of KMS, who spoke about health care reform and physician networks.

The Ransom Memorial Hospital medical staff in Franklin County has been working with their board of trustees to develop potential alliances and to study the impact of health care reform on rural areas.

Robert A. Gollier, II, M.D., Councilor

COUNCIL DISTRICT 19

At its September 1993 meeting, the Southeast Kansas Medical Society entertained KMS President Arthur Snow, M.D., and discussed plans for the future.

In February, the Southeast Kansas Medical Society gave \$1,000 to organizations directed to helping youth, as follows: \$500 was given to the Teen Oasis in Coffeyville, and \$500 to a similar organization in Independence. This was taken out of our society's operating funds because of the need for youth support in this area, which has the highest rate of school dropouts and teenage pregnancy of any area in the state.

The society has had monthly scientific meetings provided by the KU Medical Center and is planning to have a membership drive this year. We plan to have four delegates present at the Kansas Medical Society annual meeting in Manhattan.

James W. Wilson, M.D., Councilor

Impact of a Major Tornado on the Radiology Department of a Large Teaching Hospital

DAVID BRAKE, M.D.,* CRAIG A. NASRALLA, M.D.,† JOSEPH E. R. HAGMAN, M.D.,† AND JENNIFER K. SAMARAH, M.A.,‡ Wichita

n Friday, April 26, 1991, several tornados swept across south-central Kansas, causing damage estimated at \$222 million. Approximately 200 persons were injured, and 17 persons were killed. A single tornado, on the ground for approximately one hour, did the majority of damage, leaving a 75-mile trail of destruction. The National Weather Service rates tornados according to their force, the highest rating being F5; only 0.1% of tornados fall into this category. Two percent are rated F4, the rating given to this tornado. Its diameter was one-quarter mile, twice the average. It struck the city of Wichita and its southern and eastern suburbs, doing extensive damage to McConnell Air Force Base and leveling much of Andover, an east-side suburb. This report details and critiques department performance during the disaster, and describes alterations made to the Emergency Preparedness Plan (EPP), which better prepared the radiology staff for a single day of multiple tornados the following year.

The first victims of the 1991 tornado arrived at HCA Wesley Medical Center, then a provisional level-1 trauma enter, by private vehicle, at approximately 19:00; it was reported by them and, later, by emergency crew members that emergency vehicles were impeded by debris and sightseers in the most severely damaged areas, especially the Golden Spur Mobile Home Park in Andover, where 13 persons were killed. This appeared to delay the main influx of patients to approximately 2030. In response to stories told by the victims initially seen in the emergency room, who reported massive damage in a comparatively small area, HCA Wesley administration declared a "Code 7" at 19:47, officially putting into effect

its center-wide EPP.

*Radiology Department, UKSM-Wichita †Radiology Department, HCA Wesley Medical Center ‡ Radiology Residency Program, UKSM-Wichita and HCA Wesley Medical Center Response Under the Original Plan

The radiology department had the usual complement of staff at 18:29, the time of initial touchdown south of Wichita (see Table 1). Off-duty radiology staff began arriving as soon as initial reports came in from southern suburbs. In anticipation of a large number of casualties based on media reports, formal radiology staff callback was initiated prior to the center-wide Code 7, although staff members not contacted continued to come in throughout the evening, as media reports became more frequent and graphic. At least one staff member returned to work after hearing on television that HCA Wesley had requested that all employees report to work. All personnel reporting were assigned where needed, regardless of normal assignment, per qualifications.

Most examinations were performed in diagnostic radiology, where the department's disaster command post was located, with two radiologists and two residents interpreting films in the diagnostic section and providing handwritten STAT reports. One radiologist and one resident worked out of the emergency room, with three portable radiography teams (two technologists per team), 12 additional diagnostic technologists, and clerical support. One radiologist was stationed in the CT scanning area; both ER and CT radiologists provided hand-written STAT reports.

As patient flow decreased, management gradually allowed staff members to leave, although a higher-than-normal complement of staff was maintained in anticipation of additional orders for those patients admitted and of stragglers seeking care. Staff levels remained above average throughout April 27, by which time the bulk of disaster-related exams had been completed (Table 2).

Plan Revision in Response to Performance After routines returned to normal, HCA Wesley radiology management reviewed department per-

TABLE 1.
STAFFING LEVELS THROUGHOUT THE DISASTER (NORMAL LEVELS APPEAR IN PARENTHESES)

Personnel	4/26 18:30	4/26 20:00	4/27 01:00	4/27 06:00	4/2 12:00	4/27 18:00
Radiologist	1(1)	4(0)	3(0)	0(0)	3(1)	0(0)
Resident	1(1)	3(1)	1(0)	1(1)	3(1)	0(0)
Diagnostic Tech	5(5)	12(4)	5(2)	12(8)	12(8)	5(4)
CT/MRI Tech	5(5)	11(4)	2(1)	5(5)	2(2)	1(1)
Ultrasound Tech	1(1)	1(1)	0(0)	0(0)	1(1)	0(0)
RN	1(1)	1(0)	0(0)	0(0)	0(0)	0(0)
Escort	1(1)	4(2)	1(0)	5(5)	5(5)	2(2)
Office	2(2)	3(2)	1(0)	1(0)	3(2)	3(2)
Transcription	1(1)	2(1)	1(0)	1(0)	2(1)	2(1)
Administration	0(0)	1(0)	1(0)	0(0)	0(0)	0(0)

formance and, while they were pleased overall with staff and procedural performances, initiated changes to the EPP designed to expedite patient processing and improve accuracy of records.

First, to prevent multiple files from being started, as when a patient was "John Doe" at admission, but whose name was later ascertained, each patient will be logged in by the first radiology staff member to interact with the patient, and will be assigned a number at that time. That staff member immediately places an identifying band with the number on the patient, preferably on the wrist. A folder is begun, using the number on the wrist band. The numbers have been preselected and assigned to both ER and the radiology department. If patients have prior records, the records will be collated after the disaster.

The second change is the development of disaster packages containing the preselected numbers, manual requisitions, preliminary report forms and film folders. The packages are permanently located in ER and in various exam areas in radiology. Area-specific procedures, assignment of duties, and determination of priorities are included.

The third change is a new staffing plan, more

detailed than the previous EPP (Table 3). This plan defines disaster levels and staffing needs for each. A Level I disaster consists of between four and eight injured persons, Level II between nine and 15, Level III between 16 and 20, and Level IV consists of 21 or more injured persons. So many staff members arrived after the April 26 tornado that there were many for whom there was no work. To prevent a recurrence, staff are requested to wait for call-back by management.

Performance Under the Revised Plan

On June 19, 1992, a series of four F3 tornados struck in and around Wichita, the first at 04:30, the last at approximately 12:30. HCA Wesley immediately declared a Level III trauma alert. While not of the magnitude of the 1991 tornado, the smaller tornados injured dozens of persons and did over \$100 million of damage to a stretch of Wichita's business district along Kellogg Highway.

The revised EPP call-back schedule in radiology proved effective. Fewer staff were in the department, but there was a sufficient number to perform the exams ordered. Use of the disaster

TABLE 2.
EXAMINATIONS PERFORMED IN PATIENTS INJURED IN THE 4/26/91 TORNADO, FROM 4/26 THROUGH 7/31/91

	4/26	4/27	4/28	Follow	Total
Chest	24	19	7	100	150
Misc. Bone	113	35	6	33	187
CT	7	12	0	4	23
MRI	0	1	0	0	1
Sonography	5	0	0	0	5
Angiography	1	2	2	0	5
Tube Placement	5	7	2	7	21
Total	155	76	17	144	392

TABLE 3.
REVISED EPP CALL-BACK STAFF REQUIREMENTS

Staff	Level I	Level II	Level III	Level IV
Medical Staff				
Radiologists	1	4	6	8
Residents	1	2	4	6
Diagnostic				
Technologists	11	15	19	25
RNs	1	2	2	
Escorts	2	4	5	2 7
Vascular				
Technologists	4	7	7	9
RNs	1	1	1	2
CT/MRI				
Technologists	4	7	7	9
RNs	1	1	1	2
Escorts	0	1	1	2
Ultrasound				
Technologists	1	2	2	3
Clerical				
Clerks	5	8	10	All
Transcription	1	1	2	All
Radiation Therapy		Only as	needed	

packages eliminated duplicate files, and the additional orders fit smoothly into the regular schedule. Radiology department management believes

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the revised EPP resulted in a more organized and cost-effective response to a common Kansas emergency.



The Prevention of Atherosclerosis with Antioxidant Vitamins

DAVID G. MEYERS, M.D.,* Kansas City

The role of antioxidant vitamins in preventing atherosclerosis has been prominently debated in the lay press recently, catalyzed by two research reports which found opposing results.^{1,2} Controversy notwithstanding, the majority of Americans are consuming vitamins of some type on a daily basis. Is there evidence to justify this?

Current theories of atherogenesis include a critical role for oxidation of low-density lipoprotein cholesterol (LDL-C) by free radicals.^{3,4} This modification transforms cholesterol into a powerful chemo-attractant for tissue macrophages, which take up oxidized LDL-C in a non-saturable non-rate-limited manner via the scavenger receptor, converting macrophages into lipid-laden "foam cells." These constituents of the fatty streak are postulated to induce medial smooth muscle cells to migrate into the vascular subintimal space, where they transform into secretory cells. The phenotypically modified smooth muscle cells secrete fibrin, proteoglycans, and collagen which wall off the oxidized LDL, foam cells and necrotic debris, thus forming the fibrotic atherosclerotic plaque.

Humans have two systems which prevent free-radical-induced oxidation.⁵ One includes the enzymes superoxide dismutase, selenium-dependent glutathione peroxidase, glutathione-s-transferase, and catalase. The other system consists of the antioxidant vitamins A (carotenoids) and E (tocopherols), which are fat-soluble, and vitamin C (ascorbic acid), which is water-soluble. These act both separately and synergistically and are highly effective unless exhausted by locally high levels of free radicals.

Vitamin A serum levels have been inversely correlated with cardiovascular mortality across eight European populations, where 33% of ischemic heart disease risk could be attributed to low levels

of vitamin A.⁵ Using 50 mg daily supplements (about 10 times the normal intake), a large double-blind placebo-controlled study demonstrated a 44% reduction in major coronary events among subjects receiving beta carotene.⁵

Almost 90% of serum vitamin E is carried in lipoproteins.⁵ High levels occur most frequently in geographic areas with low cardiovascular mortality. In one case-control study, vitamin E was independently and inversely related to risk of angina pectoris after adjustment for other risk factors. Two large prospective cohort studies demonstrated a 35 to 40% reduction in cardiovascular risk after supplementation with 200 IU/day or more for at least two years.^{1,6}

Vitamin C functions as the main water-soluble serum antioxidant. It also regenerates vitamin E radical to vitamin E.⁵ As total vitamin C consumption in the United States has increased, coronary artery disease mortality has decreased. Strong negative correlations have been demonstrated between dietary vitamin C intake and coronary artery disease mortality (r = 0.49), cerebrovascular disease mortality (r = 0.68), and total mortality (r = 0.63).⁷ While no clinical trials have been published, a 60% reduction of angiographic plaque size with vitamin C supplementation has been demonstrated.⁸

Mega-dose vitamin supplementation, as used in some studies, appears safe. Neither vitamin E nor vitamin C has any significant adverse effects at doses 50 to 100 times their usually accepted recommended daily allowances. Vitamin E may increase the effect of anticoagulants. Vitamin A may cause skin and liver lesions, probably only in persons with renal insufficiency and only with retinol — not with beta carotene. Vitamin C has caused oxalate stones in persons with severe renal insufficiency. Vitamin C has caused oxalate stones in persons with severe renal insufficiency.

Based upon biochemical plausibility, the beneficial effects seen in many large observational studies and indisputable safety, the antioxidant vitamins are safe and probably effective prophylaxis for atherosclerosis. Yet doubts will remain

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TABLE 1 SUMMARY OF ANTIOXIDANT VITAMINS

	Solubility	Site of Action	Anti-atherosclerotic Dose	Adverse Effects	Source of Evidence
Vitamin A					
(Carotenoids)	Fat	Lipoproteins	15-50 mg	Skin, liver	Clinical trial
Vitamin E					
(Tocopherol)	Fat	Lipoproteins	30-300 mg	Anticoagulant potentiation	Observational
Vitamin C				*	
(Ascorbic acid)	Water	Serum	100-1500 IU	Kidney stones	Observational

until clear proof of effectiveness is obtained from clinical trials.

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Abdominal Imaging in Spinal Disease

HUGH CECIL, M.D.,* AND RICHARD AHLSTRAND, M.D.,† Wichita

65-year-old woman reported progressive, generalized weakness and numbness of the lower extremities, subsequent to many years of low back pain. A lumbar MRI was essentially negative, as was a cervical MRI ordered after five additional weeks of progressively worsening symptoms. Within another four weeks, the numbness progressed to her lower abdomen, and the lower-extremity weakness intensified so that the patient required aid in walking. A CT of the abdomen was ordered, for the first time revealing the lesion shown in Figure 1 (below). An MRI of the lesion was obtained for further delineation.

Imaging Findings

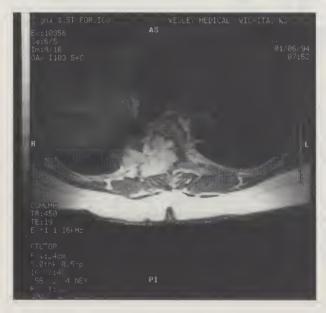
CT axial images through the lung bases revealed a 3.2 x 1.5 cm soft tissue mass in the extrapleural right lung base, both adjacent to and involving the T9 body. Bone destruction of the right pedicle and transverse process was clearly seen (Figure 2). Neurogenic tumor versus metastasis were considered. MRI after IV gadolinium injection revealed a tumor involving the right neural foramen of T9, with marked compression of dura and spinal cord. Bone erosion with scalloping of the vertebral margins and widening of the neural foramina with pedicle erosion are characteristic of nerve sheath tumors (Figure 3). Also typical is

the extension of soft tissue through the neural foramen in a "dumb-bell" configuration, but only in the absence of the bony erosion seen here. Pathologic specimen obtained at surgery revealed neurofibroma.

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Chlamydia in Kansas, 1993

hlamydia is the most commonly reported sexually transmitted disease in Kansas; in 1993, 5,694 cases were reported. This represented a 19% decrease from the number of cases reported during 1992. The incidence of chlamydia in Kansas in 1993 was 226 cases per 100,000 population (Figure 1). For comparison, the rate for the United States in 1992, the last year for which data are available, was 183 cases per 100,000.

During 1993, chlamydia was reported by 92 (88%) of the 105 counties in the state (Figure 2). Four counties had 58% of the reported cases of chlamydia (Sedgwick: 1,373; Wyandotte: 819; Shawnee: 570; and Geary: 566). The highest rates of chlamydia were reported by Geary County (1,817 cases per 100,000), Wyandotte County (505 cases per 100,000), Riley County (396 cases per 100,000), and Shawnee County (349 cases

per 100,000).

The median age of patients with chlamydia was 20 years (Figure 3). Seventy-eight percent of all reported cases occurred in persons 15 to 24 years of age. The rate for females (359 per 100,000) was significantly higher than the rate for males (88 per 100,000). The chlamydia rate was 1,195 cases per 100,000 for blacks, 386 cases per 100,000 for Hispanics, 314 cases per 100,000 for American Indians, 164 cases per 100,000 for Asians, and 127 cases per 100,000 for whites. Fifty-nine percent of cases were reported by private health care providers; 41% were reported by public health care providers.

When interpreting these data, it is important to realize that the numbers reflect the current focus of chlamydia control activities in Kansas. Females, adolescents and young adults are the targets of control efforts. These groups, therefore, account for a disproportionate share of reported cases. Differences in rates among racial groups may reflect the association between sexually transmitted diseases and socioeconomic status. The decrease in reported cases in 1993 may represent progress in chlamydia control, but additional years of data are needed to confirm this

trend.

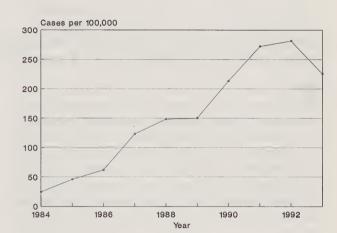


Figure 1. Chlamydia rate by year in Kansas, 1984-

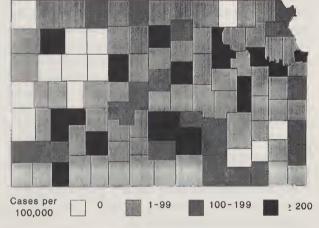


Figure 2. Chlamydia rate by county in Kansas, 1993.

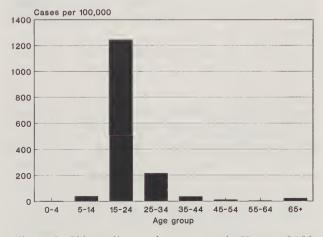


Figure 3. Chlamydia rate by age group in Kansas, 1993.

Geriatric Ethics: Dementia and the Quality of Life

NINA AINSLIE, M.D., WILLIAM BARTHOLOME, M.D., AND CONSTANCE RUHL, M.D., Kansas City

he Center on Aging at the University of Kansas Medical Center sponsors a monthly discussion on the ethical issues of a geriatric case. The case is presented by a geriatric medicine fellow, and Dr. Bartholome, a pediatrician and ethicist, leads the discussion. The intent is to examine and develop an understanding of the issues involved in the case.

Case

Mrs. A.B. is an 84-year-old mother of seven who moved into a nursing home in May 1993, when the daughter caring for her could no longer do so. Mrs. A.B. has Alzheimer's disease and scored 18 out of a possible 30 points on the Folstein mini-mental state exam at admission. Her score has declined to 15 during the past 10 months. Although she needs some prompting and assistance with dressing, bathing, and toileting, she remains independent in feeding herself and walking. Her other medical problems include dietcontrolled diabetes mellitus, atherosclerotic heart disease, hypertension and atrial fibrillation, all of which are controlled and stable. She experiences some agitation and anxiety, for which she receives bedtime doses of haloperidol.

Of her seven children, six live in the area and are involved with her. One daughter has a durable power of attorney for health care decisions. The family has heard of tacrine, recently approved by the FDA for treatment of mild to moderate Alz-

heimer's disease, and they want their mother to try it.

The medical team (physician and nursing home staff) think her disease is too advanced to warrant use of the drug and are concerned about the potential for hepatotoxicity and other gastrointestinal side effects such as nausea and anorexia. Furthermore, weekly blood tests to follow liver function may distress the patient. Also, tacrine has been studied only in otherwise healthy Alzheimer's patients, and cardiovascular disease is a contraindication. After reading some information about tacrine provided by the physician, the family still wishes to try the drug. They think her anxiety may be decreased if her dementia is improved, and she might thereby have an improved quality of life.

Discussion

Since the underlying goal of every medical intervention is both to "do good" for a patient's health and to do what is right for the particular patient, every medical decision has an ethical, as well as a medical, basis. In a case such as this, in which the "good" is not so clear, the ethical features of the decision are more prominent.

An issue involved in any treatment decision is evaluating the potentials for benefit and for harm for a patient, particularly one who cannot make her own decisions. Tacrine is a treatment with small potential benefit and fairly large risk of harm. The drug has been shown to slow the progression of Alzheimer's disease in about 50% of patients with mild dementia. Improvements are seen in some cognitive tests and occasionally in functional performance, but the disease continues to progress relentlessly after the improvement. These treatment effects, in the patients for whom they occur, are at the price of gastrointestinal side effects and frequent (25-30%) hepatotoxicity. Weekly monitoring of liver function tests is required for at least 18 weeks, and for six weeks after every dose increase. For some patients who

KANSAS MEDICINE, in collaboration with the Center on Aging at the University of Kansas, has initiated a new column about practical management of clinical problems in older patients. The column will rotate articles on the following general topics: Geriatric Clinical Ethics, by Nina Ainslie, M.D.; Geriatric Grand Rounds with Case Presentations, by Dan Swagerty, M.D.; and Geriatric Journal Club, by Don Courtney, M.D.

Address correspondence to Your Older Patient Column, Center on Aging, 5026 Wescoe, KUMC-KC, Kansas City, KS 66160.

cannot understand why they are being performed, the blood tests may be very burdensome; for others, venipunctures may not be a problem.

There is no evidence that the drug affects a patient's anxiety, and only recently has there been some evidence of effect on "quality of life," as judged by caregivers. Also, since the course of Alzheimer's disease may be erratic, with plateaus in cognition interspersed with periods of apparently more rapid decline, it is difficult to determine that tacrine is affecting the disease course for a particular patient. Therefore, while it may be easy to define some endpoints for stopping the drug, using side effects and the burdens of monitoring, it is more difficult to find criteria that would indicate "success" and warrant its continued use.

In this case, the family's expectations were not clear, so determining criteria for effectiveness is even more difficult. The family was quite distressed by Mrs. A.B.'s anxiety and agitation and hoped for some improvement in that aspect of her behavior. There are other possible reasons for their interest in tacrine. The family may have felt their role in their mother's life receding as she became less able to recognize them and more settled into the nursing home routine. They might hope the drug would enable them to reconnect and recapture some of their former relationship with their loved one. This family or others may see themselves as advocates for their Alzheimer's patient and may need to be certain they have "done everything" for their family member. For other families, the need to try anything and do everything may stem from guilt

about being unable to care for the patient or from grief at this cruel, gradual loss of their family member. Some tactful exploration of the rationale of the family in requesting any risky or minimally effective treatment may result in a better understanding of their hopes for their family member.

In the case of Mrs. A.B., the physician should probably be willing to try tacrine only if some endpoints for success and failure were agreed upon by the family. Hepatotoxicity, other side effects, and any distress caused by frequent blood tests would indicate discontinuing the drug. The characteristics of a successful trial, however, need to be delineated more sharply and explicitly. Issues to clarify could include the meaning of "quality of life" and how the family might judge Mrs. A.B.'s quality of life to be better or worse, what would constitute a sufficient reduction in anxiety and agitation, and what would count as meaningful cognitive improvement for this patient.

Reaching a decision in a case like this, then, rests upon two things. The first is making as careful a determination as possible of what is "good" for the patient. The second is assisting the surrogate decision-makers to understand the risks and benefits and to be realistic and clear about their hopes for treatment effects.

SUGGESTED READING

1. Knapp MJ, Knopman DS, Solomon PR, et al. A 30-week randomized controlled trial of high-dose tacrine in patients with Alzheimer's disease. *JAMA* 1994;271:985-92.

2. Winker MA. Tacrine for Alzheimer's disease: Which patient, what dose? *JAMA* 1994;271:1023-24.

MEDICINA ET LEX

(Continued from page 155.)

While the Washington state law making it a felony to assist another in a suicide has been declared unconstitutional and invalid, Kansas law is still valid because it has not been challenged. At the same time, this case and the Kevorkian case may signal the emergence of a new constitutionally protected right which will have direct bearing on the practice of medicine in the future.

NEWS FROM KDHE

(Continued from page 173.)

The currently recommended regimen for treatment of chlamydia among nonpregnant adolescents and adults is doxycycline 100 mg orally, 2 times a day for 7 days; or azithromycin 1 gram orally in a single dose (*MMWR* 1993;42(No. RR-14):50-56). All cases of chlamydia should be reported to the local or state health department to ensure appropriate follow-up (i.e., case investigation and contact tracing).

Reported by: Sexually Transmitted Diseases Section, Bureau of Disease Control, Kansas Department of Health and Environment

One Doctor's Solution to Guidelines and Computerized Medical Records

RONALD DAVIS, M.D., M.C.S.,* Wichita

he demand on the medical record is increasing dramatically, as is the complexity of medical care. Medical guidelines are being developed and adopted. Computer technology has been advancing rapidly. It is natural to merge these concepts to create the medical record which documents the care provided.

In response to this, I have developed a computerized medical record system. It consists of self-developed guidelines, voice recognition, bar-coding, FAXing by modem, and a word processor which has been programmed using macros and templates. This approach gives an accurate, com-

plete and consistent medical record.

In developing my own guidelines, I relied on my own knowledge, textbooks, journal articles, and information from specialists. From these, I developed standard templates for the ten or so most common clinical problems I manage. The template is unique to the chief complaint and is selected from a menu. The template serves as a guide for history-taking, physical exam, differential diagnosis, and the treatment plan. This provides a consistent and thorough evaluation.

The findings from the history and examination are entered into the computer using WordPerfect 5.1 for DOS. This program has good text-handling capabilities and has a programming language in macros and the macro editor. These features give powerful medical record report-generating capabilities.

The macro generates the heading (font, clinic name and phone number), enters the current date, and begins the menu-selected template. The template presents one item at a time, many of which have defaults for negative responses. Otherwise, a positive finding can be entered from the keyboard, by voice recognition, or bar-code wand. When the patient's name is entered, a macro assigns the first and last names to two variables. The first name variable can be generated through voice recognition by saying "patientname" as one word ("patient" "name" as two words sends the text *patient name* to the screen). This personalizes the report by accessing the variable for the patient's first name.

After the history and examination are complete, the differential diagnosis menu associated with the chief complaint is displayed. A single keystroke selects a diagnosis, or it can be entered if it is not on the list. The selection includes the description and the ICD-9-CM code.

The medical management plan is developed through a series of menus for prescribed medications, x-ray studies, physical therapy, a date for the next visit, and a signature block. All choices can be selected with single keystrokes from the menus.

An example of a medical record is given in the accompanying figure (at right).

Once the medical record is complete, it can be sent to a printer or FAXed with a FAX/modem using the HP Series II LaserJet printer driver. This hardware supports fonts and graphics to the destination FAX machine.

In this way, the medical record is constructed, using a variety of tools, to be accurate, complete and consistent. Patient care will benefit from the incorporation of these technologies as they continue to become friendlier and more powerful.

^{*}Medical Director, Comprehensive Occupational Medicine Programs

Address correspondence to Dr. Davis at 315 N. Hillside, Wichita, Kansas 67214.

Comprehensive Occupational Medicine Programs 2535 E. Lincoln Wichita, KS 67211 (316) 687-9794

Name: John Doe Date: June 14, 1994 Pg 1
Date of Injury: June 13, 1994 Employer: ACME Products, Inc.

History of the present Illness: John was lifting some metal onto the milling machine at work and sustained a strain to the lower back.

No history of significant numbness or tingling. Any recent treatment? None. Any bowel or bladder control problems? None. Any history of cancer? None. Any non-work related causes of this condition: John knows of no off duty activities that would have caused or aggravated this condition.

Past History of Back

Previous back pain? Yes, three years ago he had an episode similar to this. He did not miss work at that time and symptoms resolved spontaneously. He's had no further problems until now. Previous back X-Rays? None. Arthritis of any type? None. No history of previous back surgery.

Past Medical History: Allergies: None. Current medications: None. Medical conditions: None. Hospitalizations: Once, for inguinal hernia repair in 1989. No complications.

Examination:

Weight 167 pounds. Height: 5' 8". Gait was somewhat slow and deliberate. Heel/toe walking is normal. Back - Inspection is normal. Range of Motion: Moderate decrease in flexion. Palpation: Muscle spasm is mild. There is no vertebral point tenderness. Tenderness is present in the low lumbar area, right. Sciatic notch palpation is unremarkable. SLR is normal bilaterally, there is slight increase in back discomfort. No muscle atrophy detected. Knee reflex: R. normal, L. normal, Ankle reflex: R. normal, L. normal, First toe extensors: R. normal, L. normal. Sensation is normal.

Impression: Acute Lumbar Back Strain (846.9)

Plan:

Carisoprodol 350 mg 10 tabs 1 QID. Sedation precautions given. Toradol 10 mg 20 tabs 1 BID to TID Physical Therapy Assessment and Treatment. Exercises and modalities 3 times per week for 1 week, then 2 times per week for 2 weeks. Lumbar x-ray series.

Limitations:

May lift up to 20 pounds.

If working in the sitting or standing position allow 5 minutes break per hour to stretch or change positions.

Next visit: June 21, 1994 9:30 AM

Gonald Davide -

Macro sets font, clinic name, and date.

This information is entered with voice recognition.

This information is entered by single key entry selection from a menu.

Macro inserts signature as a graphics block.

Ronald Davis, M.D., Medical Director

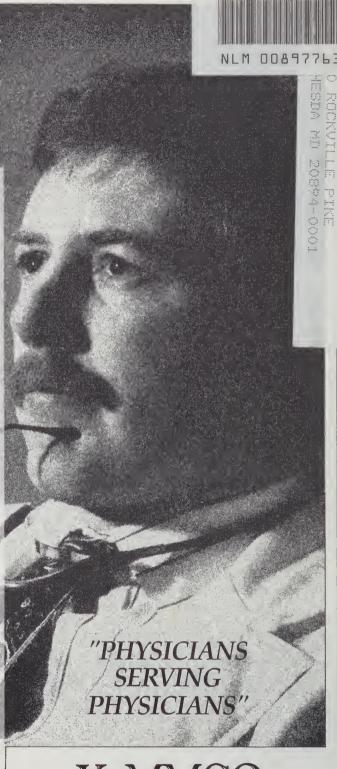


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Volume 95, Number 8

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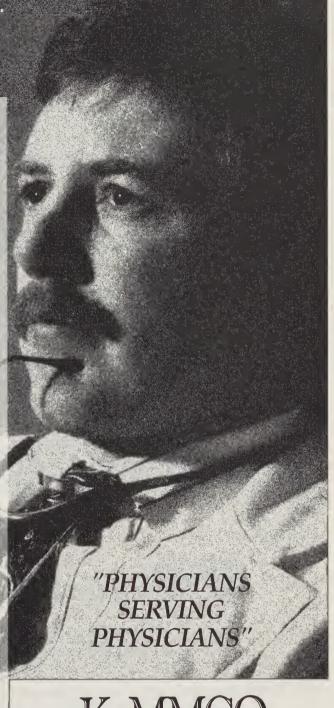
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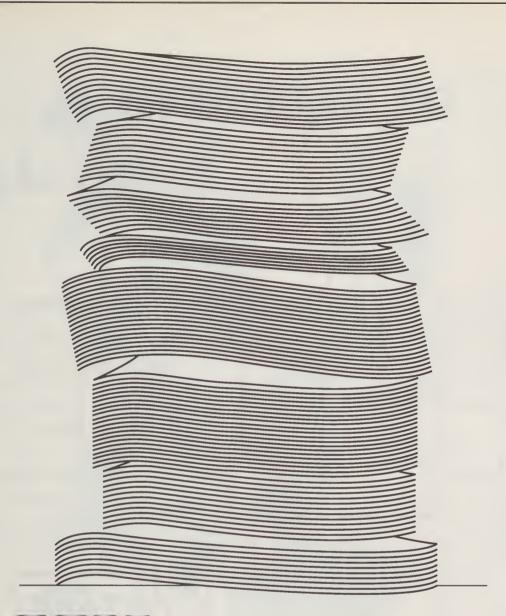
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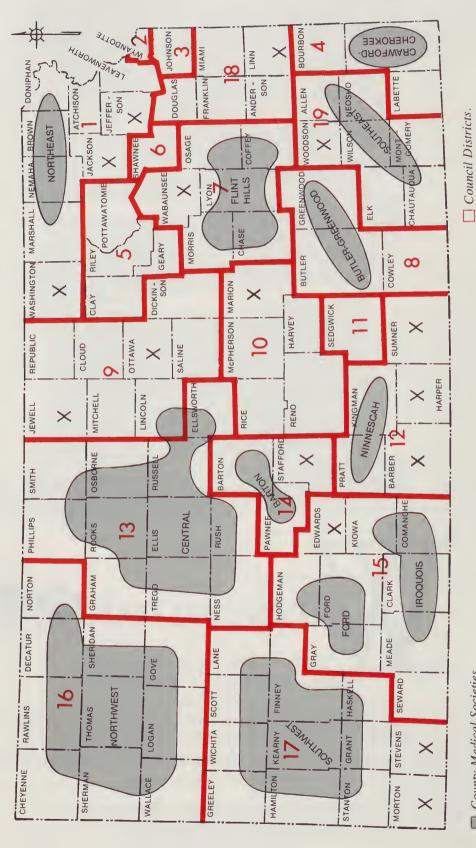
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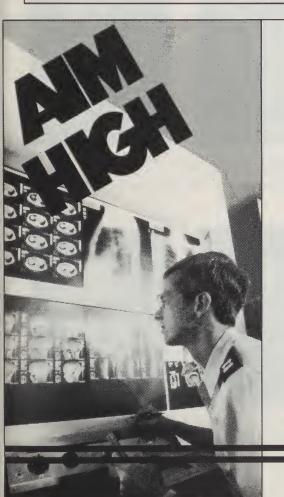
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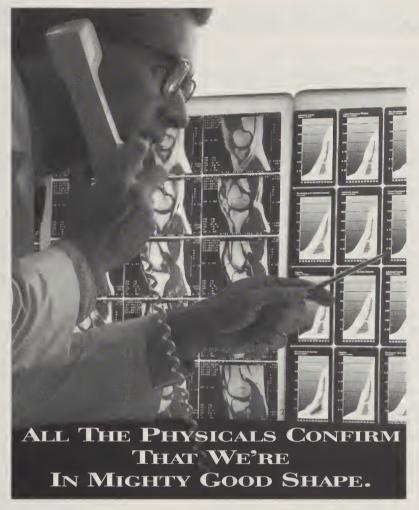
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The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

(As revised by the AMA House of Delegates, July 1980. For a detailed discussion of these principles, see the 1992 edition of *Current Opinions*, published by and available from the AMA.)

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• Payroll journal providing monthly totals and division of payroll by type of work performed.

• Individual earning records indicating the type of work performed. Gross payroll should be totaled by the quarter.

 Separate record of overtime shown by employee and totaled by class of work for the policy term involved. (Premium for Workers' Compensation is based on straight time pay for all hours worked and does not include ½ extra pay for overtime.) (Not applicable in Delaware, Pennsylvania, and Utah.)

Certificates of Workers' Compensation Insurance for all insured sub-contractors.

Social Security (Form 941) and State Unemployment Compensation quarterly returns.

Auditors are instructed to inform you of the date they intend to call on you or to arrange in advance for a convenient time. To assure accurate assignment of your payroll in the proper classes, it is wise for you to arrange to have someone in your organization familiar with employee job assignments available to work with the auditor during the course of the audit.

If your records are kept by an outside accounting firm, make certain the accountants are aware of the impending visit by the auditor so they will have your records available when needed. In the event the accountant is not well informed regarding the duties of various employees, you may wish to brief him/her in advance of the auditor's visit.

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AIDS Information

CDC National AIDS Clearinghouse	1-800-458-5231
National AIDS Hotline	
(English)	1-800-342-AIDS
(Spanish)	1-800-344-7432
(TTY/TDD)	1-800-243-7889
TEENS TAP Hotline (Trained teen educators)	1-800-234-TEEN
AIDS Clinical Trials Information	1-800-874-2572

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Ashland — Ashland District, 709 Oak 67831 — 316/635-2241

Atchison — Atchison, 1301 N. Second 66002 — 913/367-2131

Atchison — Atchison Valley Hope Alcoholism & Drug Treatment Center, P.O. Box 312 66002 — 913/367-1618

Atwood — Rawlins County, P.O. Box 47 67730 — 913/626-3211

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Belleville — Republic County, 2420 G Street 66935 — 913/527-2255

Beloit — Mitchell County Community, P.O. Box 399 67420 — 913/738-2266

Burlington — Coffey County, P.O. Box 189 66839 — 316/364-2121

Caldwell — Sumner County District #1, 601 South Osage Street 67022 — 316/845-6492

Cedar Vale — Cedar Vale Community, 501 Cedar P.O. Box 398 67024 — 316/758-2266

Chanute — Neosho Memorial Reg. Mcd. Ctr., 629 S. Plummer 66720 — 316/431-4000

Clay Center — Clay County, 617 Liberty 67432 — 913/632-2144

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100 E. College Drive 67701 — 913/462-7511

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Greensburg — Kiowa County Memorial, 501 S. Walnut 67054-0616 — 316/723-3341

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Hanover — Washington County District #1, P.O. Box 38 66945 — 913/337-2214

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Hays — Hays Medical Center, P.O. Box 660 67601-2323 — 913/625-7301

Herington — Herington Municipal, 100 East Helen 67449 — 913/258-2207

Hiawatha — Hiawatha Community, 300 Utah 66434 — 913/742-2131

Hill City — Graham County, P.O. Box 339 67642 — 913/674-2121

Hillsboro — Salem, 701 South Main 67063 — 316/947-3114

Hoisington — Clara Barton, 250 West 9th 67544 — 316/653-2114

Holton — Holton Community, 510 Kansas Ave. 66436 — 913/364-2116

Horton — Horton Community, P.O. Box 191 66439 — 913/486-2642

Hoxie — Sheridan County, P.O. Box 167 67740-0167 — 913/675-3281

Hugoton — Stevens County, P.O. Box 10 67951 — 316/544-8511

Hutchinson — Hutchinson Hospital Corp., 1701 E. 23rd Ave. 67502 — 316/665-2000

Independence — Mercy, P.O. Box 388 67301 — 316/331-2200

Iola — Allen County, 101 South 1st 66749 — 316/365-3131

Jetmore — Hodgeman County Health Center, P.O. Box 367 67854 — 316/357-8361

Johnson — Stanton County, P.O. Box 779 67855 -316/492-6250

Junction City — Geary Community, P.O. Box 490 66441 — 913/238-4131

Kansas City — Bethany Medical Center, 51 North 12th 66102 — 913/281-8400

Kansas City — Providence Medical Center, 8929 Parallel Parkway 66112 — 913/596-4000

Kansas City — University of Kansas Medical Center, 3901 Rainbow Blvd. 66160-7200 — 913/588-5000

Kingman — Kingman Community, P.O. Box 376 67068 — 316/532-3147

Kinsley — Edwards County, P.O. Box 99 67547 — 316/659-3621

Kiowa — Kiowa District, 810 Drumm Street 67070 - 316/825-4131

La Crosse — Rush County Memorial, Eighth & Locust 67548 — 913/222-2545

Lakin — Kearny County, P.O. Box 744 67860 — 316/355-7111

Lawrence — Lawrence Memorial, 325 Maine Street 66044 — 913/749-6100

Leavenworth — Cushing Memorial, 711 Marshall 66048 — 913/684-1100

Leavenworth — Saint John, 3500 South 4th 66048-5092 — 913/682-3721

Leoti — Wichita County, P.O. Box 968 67861 — 316/375-2233

Liberal — Southwest Medical Center, P.O. Box 1340 67905-1340 — 316/624-1651

Lincoln — Lincoln County, 624 North 2nd 67455 - 913/524-4403

Lindsborg — Lindsborg Community, 605 West Lincoln 67456 — 913/227-2911

Lyons — Rice County District #1, 619 South Clark 67554 — 316/257-5173

Manhattan — Memorial, P.O. Box 1208 66502 — 913/776-3300

Manhattan — Saint Mary, P.O. Box 1047 66502 - 913/776-3322

Mankato — Jewell County, P.O. Box 327 66956 - 913/378-3137

Marion — St. Luke, 1014 East Melvin 66861 — 316/382-2177

Marysville — Community Memorial, 708 N. 18th Street 66508 — 913/562-2311

McPherson — Memorial, 1000 Hospital Drive 67460 - 316/241-2250

Meade — Meade District, P.O. Box 680 67864 — 316/873-2141

Medicine Lodge — Medicine Lodge Memorial, 710 North Walnut 67104 — 316/886-3771

Minneapolis — Ottawa County, P.O. Box 209 67467 — 913/392-2122

Minneola — Minneola District, P.O. Box 127 67865-0127 — 316/885-4264 **Moundridge** — Mercy, P.O. Box 180 67107 —

316/345-6391

Neodesha — Wilson County, P.O. Box 360 66757 - 316/325-2611

Ness City — Ness County District #2, 312 Custer 67560 — 913/798-2291

Newton — Newton Medical Center, P.O. Box 308

67114 — 316/283-5200 or 316/283-2700 Norton — Norton County, P.O. Box 250 67654 — 913/877-3351

Norton — Valley Hope Alcoholism Treatment Center, P.O. Box 510 67654-0510 — 913/877-

Oakley — Logan County, 211 Cherry Street 67748 - 913/672-3211

Oberlin — Decatur County, P.O. Box 268 67749 - 913/475-2208

Olathe — Olathe Medical Center, 215 West 151st Street 66061 — 913/791-4200

Onaga — Community, 120 West 8th Street 66521 — 913/889-4274

Osborne — Osborne County Memorial, 424 W. New Hampshire 67473 — 913/346-2121

Ottawa — Ransom Memorial, 1301 S. Main 66067 — 913/242-3344

Overland Park — Overland Park Regional Med. Ctr., P.O. Box 15959 66215 — 913/541-5000

Overland Park — Mid-America Rehabilitation, 5701 West 110th Street 66211 — 913/491-2400

Paola — Miami County, P.O. Box 365 66071 -913/294-2327

Parsons — Labette County Medical Center, P.O. Box 956 67357 — 316/421-4880

Phillipsburg — Phillips County, P.O. Box 607 67661 - 913/543-5226

Pittsburg — Mt. Carmel Medical Center, 1102 E. Centennial 66762 — 316/231-6100

Plainville — Plainville Rural, 304 South Colorado 67663 — 913/434-4553

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Quinter — Gove County Med. Ctr., P.O. Box 129 67752 - 913/754-3341

Ransom — Grisell Memorial Hospital District #1, P.O. Box 268 67572 — 913/731-2231

Russell — Russell Regional, 200 S. Main 67665 — 913/483-3131

Sabetha — Sabetha Community, P.O. Box 229 66534 — 913/284-2121

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Salina — Asbury-Salina Regional Medical Center, P.O. Box 5080 67402-5080 — 913/827-4411

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Wichita — HCA Wesley Medical Center, 550 North Hillside 67214 — 316/688-2468

Wichita — HCA Wesley Rehabilitation Center, 8338 W. 13th St. 67212 — 316/729-9999

Wichita — Healthsouth Rehabilitation Hosp., 1151 N. Rock Rd. 67206 — 316/634-3400

Winchester — Jefferson County Memorial, RR1, Box 1, 66097 — 913/774-4340

Winfield — William Newton Memorial, 1300 East 5th 67156 — 316/221-2300

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Ft. Riley — Irwin Army Community, Building 600 66442-5037 — 913/239-7102 or 7720

Leavenworth — D.D. Eisenhower Veterans Affairs Medical Center, 4101 S. 4th St. Trafficway 66048 — 913/682-2000

Topeka — Colmery-O'Neil V.A. Medical Center, 2200 Gage 66622 — 913/272-3111

Wichita — 384th Medical Group, McConnell Air Force Base, 67221-5300 — 316/652-5000

Wichita — Dept. of Veterans Affairs, 5500 E. Kellogg 67218 — 316/685-2221

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316/343-6800, ext. 541

Fort Scott — Mercy Hospital — Day: 316/223-3100; Night: 316/223-2200

Great Bend — Central Kansas Medical Center — Day: 316/793-3523; Night: 316/792-2511

Kansas City — UKSM — 913-588-6633 — Greater Kansas City Area

Parsons — Labette County Medical Center — 316/421-4880

Salina — St. John's Hospital — 913/827-3187 Topeka — St. Francis Hospital — 913/295-8095 Topeka — Stormont-Vail Hospital —

913/354-6100 or 354-6106

Wichita — HCA Wesley Medical Center — 316/ 688-2222

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Abilene Nursing Center, 705 N. Brady — 913/263-2931

Dickinson County, 511 NE 10th — 913/263-2100

Andover 67002

New England Critical Care, 803 N. Andover Rd. -316/686-2444

Anthony 67003

Harper County, Court House — 316/842-5264

Atwood 67730

Rawlins County, 607 Main — 913/626-3968

Beloit 67420

North Central Kansas, 400 W. 8th, Box 217 — 913/738-5175

Burlington 66839

Coffey County, Court House — 316/364-8631

Chanute 66720

Neosho Memorial Hospital, 629 S. Plummer — 316/431-4000

Clay Center 67432

Clay County, 617 Liberty — 913/632-3646

Coffeyville 67337

Health Care Services/Montgomery County, 808 Willow, Box 586 — 316/251-7161

Montgomery County, City Building, 604 Union Street — 316/251-4210

Colby 67701

Far Northwest, 210 S. Range, P.O. Box 667 — 913/462-3335

Columbus 66725

Maude Norton, 220 N. Pennsylvania — 316/429-2545

Concordia 66901

Cloud County, Courthouse, P.O. Box 142 — 913/243-3588

Council Grove 66846

Morris County, Court House — 316/767-5175

Dodge City 67801

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Kansas City

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Crossland Rehabilitation Agency, 6111 Leavenworth 66104 — 913/334-2005

Catholic Social Services, 229 S. 8th 66101 — 913/621-1504

Visiting Nurse Association, 906 N. 17th 66102 -913/371-3770

Kingman 67068

Kingman County, Court House — 316/532-2221

Larned 67550

Pawnee County, Court House — 316/285-6963

Lawrence 66044

Douglas County Visiting Nurses Association, 336 Missouri, Suite 201 — 913/843-3738

Leavenworth 66048

Leavenworth City-County Health Department, 422 Walnut — 913/682-0245

Leoti 67861

Wichita County Community, P.O. Box 968 — 316/375-2289

Liberal 67905

Southwest Medical Center, P.O. Box 1340 — 316/624-1651

Lyons 67554

Rice County, Court House — 316/257-2359

Manhattan 66502

Manhattan-Riley County, 616 Poyntz — 913/776-4779

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Marion 66861

Marion County, 1014 E. Melvin — 316/382-2177

Marysville 66508

Community Memorial Hospital, 708 N. 18th — 913/562-2311

McPherson 67460

McPherson County, 119 N. Maple, P.O. Box 428 — 316/241-1753

Medicine Lodge 67104

Barber County, 710 N. Walnut — 316/886-3294

Minneapolis 67467

Ottawa County, Court House — 913/392-2822

Newton 67114

Harvey County, 8th & Main — 316/283-7232

Norton 67654

P.R.N., East Holme & North Norton — 913/877-2810

Oberlin 67749

Decatur County, 504 N. Penn — 913/475-2222

Oskaloosa 66066

Jefferson County, Court House — 913/863-2447

Oswego 67356

Oswego City Hospital, Rt. 2, Box 10A — 316/795-2921

Ottawa 66067

Franklin County, 13th & S. Main — 316/242-1873

Paola 66071

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Emporia	316-343-7043
Veltin J. Boudreaux, M.D.,	
Wichita	316-772-5000
George Dyck, M.D., Wichita	316-261-2647
Rodney Jones, M.D., Wichita	316-634-2696
Connie M. Marsh, M.D., Wichita	316-264-3222
Stephen F. Miller, M.D., Parsons	316-421-0600
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C. Erik Nye, M.D.,	
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Virginia L. Tucker, M.D., KUMC	913-588-5908
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Wayne O. Wallace, Jr., M.D.,	
Atchison	913-367-7300

Pittsburg 66762

Crawford County, Centennial & Rouse — 316/231-5411

Pratt 67124

Pratt County, 127 S. Howard — 316/672-7436 Sabetha 66534

Nemaha County, 716 S. 11th — 913/284-2288

Salina 67401

Salina-Saline County, 300 W. Ash — 913/827-9376

Shawnee Mission

Always Better Care, Inc., 10111 Santa Fe Drive 66212 — 913/888-4447

Home Health-Home Care, Inc., 8900 State Line, Suite 332 66206 — 913/341-8830

Medical Personnel Pool of Kansas City, 7600 State Line, Suite 200 66208 — 913/341-2181

Stockton 67669

Rooks County, Court House — 913/425-7352

Topeka

Topeka-Shawnee County, 1615 SW 8th 66606 — 913/235-5033

Associated Healthfocus, 1925 SW 6th, 66606 — 913/232-1253

Troy 66087

Doniphan County, Court House, P.O. Box 201 — 913/985-3886

Ulysses 67880

Bob Wilson Memorial, 415 N. Main — 316/356-1266

Washington 66968

Washington County, 115 W. 3rd — 913/325-2600

Wellington 67152

Sumner County, Court House — 316/326-2774

Westmoreland 66549

Pottawatomie Cty., 320 Main — 913/457-3719

Wichita

Agency for Home Health Care of Kansas, 3333 E. Central, Suite 503 67208 — 316/681-1632

Kansas Masonic Home, 401 S. Seneca 67213 — 316/267-0271

Kimberly Quality Care, 434 N. Oliver 67208 — 316/687-3534

Medical Personnel Pool, 1035 Parklane 67218 — 316/686-3388

Professional Care Associates, 959 N. Emporia, Suite 303 67214 — 316/268-8588

Wesley Care, 550 N. Hillside 67214 — 316/688-7272

Wichita-Sedgwick County, 1900 E. 9th 67214 — 316/268-8433

Winfield 67156

William Newton Memorial Hospital, 1300 E. 5th — 316/221-2300

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Garden City — Genetic Outreach Clinic, 316/688-2362 (Wichita)

Great Bend — Genetic Outreach Clinic, 316/688-2362 (Wichita)

Hays — Area Health Education Center — 913/628-6128

Kansas City — Department of Endocrinology, Division of Genetics, KUMC, 3901 Rainbow Blvd., Kansas City, KS 66160-7318 — 913/588-6043, R. Neil Schimke, M.D., Director; Debra L. Collins, M.S., Genetic Counselor

Parsons — Genetic Outreach Clinic, 316/688-2362 (Wichita)

Wichita — Genetic Clinic, Department of Pediatrics, UKSM-Wichita, 1010 N. Kansas, Wichita, 67214 — 316/261-2622

Wichita — Genetic Services, HCA Wesley Medical Center/UKSM-Wichita, 550 N. Hillside, Wichita 67214 — 316/688-2362

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ELLSWORTH		OSKALOOSA Jefferson County H.D.	(913) 863-2447
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0301	University of Arizona College of Medicine, Tucson	2701
0401	University of Arkansas School of Medicine, Little Rock	2802
	University of California School of Medicine, San Francisco University of Southern California School of Medicine, Los Angeles	2803 2820 2822
0512 0514 0515 0518	Stanford University School of Medicine, Palo Alto Loma Linda University School of Medicine, Los Angeles University of California School of Medicine, Los Angeles University of California College of Medicine, Irvine University of California San Diego School of Medicine, La Jolla	2834 2843 2846 2878 2879 3005 3006
	University of California School of Medicine, Davis	3007
	University of Colorado School of Medicine, Denver	3201
	Yale University School of Medicine, New Haven University of Connecticut, Farmington	3305
1001	George Washington University School of Medicine,	3306
1002	Washington, D.C. Georgetown University School of Medicine, Washington,	3401
	D.C.	3501
	Howard University College of Medicine, Washington, D.C. University of Miami School of Medicine, Miami	3503 3506
1103 1104	University of Florida College of Medicine, Gainesville University of South Florida School of Medicine, Tampa Southeast College of Osteopathic Medicine, Miami	3508 3509
1201 1205	Medical College of Georgia, Augusta Emory University School of Medicine, Atlanta Mercer University School of Medicine, Macon	3510 3515 3519 3520
1401	University of Hawaii School of Medicine, Honolulu	3545
1602	Rush Medical College, Chicago University of Chicago Pritzker School of Medicine, Chicago The Hahnemann Medical College and Hospital, Chicago	3546 3547
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	University of Illinois College of Medicine, Chicago Chicago Medical School University of Health Sciences,	3601
1643	Chicago Loyola University Stritch School of Medicine, Maywood	3605 3607
1645	Southern Illinois School of Medicine, Springfield Chicago College of Osteopathic Medicine, Chicago	3701 3737
1720	Indiana University School of Medicine, Indianapolis	3802
	University of Iowa College of Medicine, Iowa City College of Osteopathic Medicine and Surgery, Des Moines	3806 3819
1902	University of Kansas School of Medicine, Kansas City	3840
2002	University of Louisville School of Medicine Louisville	3841

)	IAI	E2
	2604	University of Minnesota Medical School, Minneapolis
	2701	University of Mississippi School of Medicine, Jackson
	2803 2820	Washington University School of Medicine, St. Louis University of Missouri School of Medicine, Columbia University Medical College of Kansas City Ensworth Medical College, St. Joseph St. Louis University School of Medicine, St. Louis Kansas City College of Medicine and Surgery University of Missouri School of Medicine, Kansas City Kansas City College of Osteopathy & Surgery Kirksville College of Osteopathic Medicine, Kirksville
	3005 3006 3007	University of Nebraska College of Medicine, Omaha Creighton University School of Medicine, Omaha Nebraska College of Medicine, Lincoln
	3201	Dartmouth Medical School, Hanover
	3305 3306	College of Medicine & Dentistry, New Jersey Univ. of Medicine & Dentistry of NJ, Piscataway
	3401	University of New Mexico School of Medicine, Albuquerque
	3501	Columbia University College of Physicians and Surgeons, New York
		Albany Medical College of Union University, Albany State University of New York at Buffalo, School of Medicine, Buffalo
	3509 3510 3515 3519 3520 3545 3546 3547	State University of New York College of Medicine, Brooklyn New York Medical College, New York Bellevue Hospital Medical College, New York State University of New York College of Medicine, Syracuse New York University School of Medicine, New York Cornell University Medical College, New York University of Rochester School of Medicine and Dentistry, Rochester Albert Einstein College of Medicine, New York Mount Sinai School of Medicine of City University of New York, New York NY College of Osteopathic Medicine, Old Westbury
	3601 3605 3607	University of North Carolina School of Medicine, Chapel Hill Bowman Gray School of Medicine, Winston-Salem Duke University School of Medicine, Durham
	3701 3737	University of North Dakota University of North Dakota, Grand Forks
		Eclectic Medical College, Cincinnati Case Western Reserve University School of Medicine, Cleveland
	3840 3841 3843 3844	Toledo Medical College, Toledo Ohio State University College of Medicine, Columbus University of Cincinnati College of Medicine, Cincinnati Medical College of Ohio at Toledo, Toledo Northeastern Ohio University College of Medicine, Rootstown Ohio University College of Ostropathic Medicine, Athere
		Ohio University College of Osteopathic Medicine, Athens
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	4002	University of Oregon Medical School, Portland
	4101	University of Pennsylvania School of Medicine Philadelphia

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Center, Hershey

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4113 Temple University School of Medicine, Philadelphia
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 2507 Wayne State University School of Medicine, Detroit
 2512 Michigan State University College of Human Medicine, East Lansing

2106 Louisiana State Medical School, Shreveport2201 Bowdoin Medical School, Brunswick-Portland

2405 Boston University School of Medicine, Boston

2407 Tufts University School of Medicine, Boston

- 4177 Philadelphia College of Osteopathic Medicine, Philadelphia
- 4201 University of Puerto Rico School of Medicine, San Juan
- 4301 Brown University Division of Biological and Medical Sciences, Providence
- 4501 Medical University of South Carolina College of Medicine, Charleston
- 4601 University of South Dakota School of Medicine, Sioux Falls
- 4705 Vanderbilt University School of Medicine, Nashville
- 4706 University of Tennessee College of Medicine, Memphis
- 4707 Meharry Medical College School of Medicine, Nashville
- 4720 East Tennessee State University School of Medicine, Johnson City
- 4802 University of Texas Medical Branch, Galveston
- 4804 Baylor College of Medicine, Houston 4812 University of Texas Southwestern Medical School, Dallas
- 4813 University of Texas Medical School, San Antonio

- 4814 University of Texas Medical School, Houston
- 4815 Texas Tech University School of Medicine, Lubbock
- 4816 Texas A&M University College of Medicine, College Station
- 4878 Texas College of Osteopathic Medicine, Ft. Worth
- 4901 University of Utah College of Medicine, Salt Lake City
- 5002 University of Vermont College of Medicine, Burlington
- 5101 University of Virginia School of Medicine, Charlottesville
- 5104 Medical College of Virginia Health Sciences Division of Virginia Commonwealth University, Richmond
- 5107 Eastern Virginia Medical School, Norfolk
- 5404 University of Washington School of Medicine, Seattle
- 5501 West Virginia University School of Medicine, Morgantown
- 5575 West Virginia School of Osteopathic Medicine, Lewisburg
- 5605 University of Wisconsin Medical School, Madison
- 5606 Medical College of Wisconsin, Milwaukee

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CANADA

060 Alberta

- 06001 University of Alberta Faculty of Medicine, Edmonton
- 06002 University of Calgary Faculty of Medicine, Calgary

061 British Columbia

06101 University of British Columbia Faculty of Medicine, Vancouver

062 Manitoba

06201 University of Manitoba Faculty of Medicine, Winnipeg

- 06501 University of Toronto Faculty of Medicine, Toronto
- 06505 Queen's University Faculty of Medicine, Kingston
- 06506 University of Western Ontario Faculty of Medicine, London

06701 McGill University Faculty of Medicine, Montreal

OTHER FOREIGN

118 Afghanistan

11801 Faculty of Medicine, Kabul University, Kabul

132 Argentina

- 13201 Facultad de Ciencias Medicas de la Universidad de Buenos Aires, Buenos Aires
- 13202 Facultad de Ciencias Medicas de la Universidad Nacional de Cordoba, Cordoba
- 13204 Facultad de Ciencias Medicas, Farmacia y Ramos Menores de la Universidad Nacional del Litoral, Rosario, Santa Fe
- 13206 Facultad de Ciencias Medicas de la Universidad Nacional de Cuyo, Mendoza, Mendoza

143 Australia

- 14303 Faculty of Medicine University of Sydney, Sydney, New South Wales
- 14311 Flinders University School of Medicine, Bedford Park

154 Austria

15407 Medizinische Fakultat der Universitat Wien, Wien (40726 from March 13, 1938 to June, 1945)

160 Bangladesh

16002 Dacca Medical College, Ramna Dhaka, Bangladesh

165 Belgium

- 16501 Faculte de Medecine et de Pharmacie Universite libre de Bruxelles, Bruxelles
- 16504 Universitaire Katholique de Louvain, Faculte de Medecine, Louvain

176 Bolivia

- 17601 Univ. Boliviana, Fac. de Ciencias Medicas, La Paz
- 17602 Facultad de Ciencias Medicas de la Universidad Mayor Real y Pontificia de San Francisco Xavier de Chuquisaca, Sucre
- 17603 Facultad de Medicina de la Universidad Mayor de San Simon, Cochabamba

187 Brazil

18708 Universidade Federal de Parana, Faculdade de Medicina, Curitiba, Parana

- 209 Burma
 - 20901 Institute of Medicine 1, Rangoon

215 Cambodia

21501 Ecole Royal de Medicine du Cambode, Phnompenh

220 Sri Lanka (formerly Ceylon)

22001 University of Sri Lanka Colombo Faculty of Medicine

231 Chile

23101 Facultad de Medicina de la Universidad de Chile, Santiago

242 China

- 242 China (also see 243 Effective January 1, 1977)
- 24209 St. John's University (Pennsylvania Medical School, Shanghai, Kiangsu) (Extinct)
- 24216 National Shanghai Medical College, Shanghai, Kiangsu
- 24217 West China Union University College of Medicine and Dentistry, Chengtu, Szechuan
- 24222 Aurora University Faculty of Medicine, Shanghai, Kiangsu (Extinct) 24239 Shansi University Medical College, Taiyuan, Shansi

243 China

- 24338 National Honan University Medical College, Kaifeng, Honan (24238 Prior to 1-17-7
- 24351 National Defense Medical Center, School of Medicine, Shanghai, Kiangsu (24251 Prior to 1-17-71)

244 Taiwan

- Taiwan (Formosa) effective 1-17-71
- 24402 College of Medicine National Taiwan University, Taipei (38502 Prior to 1-17-71)
- 24404 Taipei Medical College, Taipei (38504 Prior to 1-17-71) 24405 China Medical College, Taichung (38505 before 1-17-71)
- 24406 Chung Shan Medical and Dental College, Taiwan

264 Colombia

- 26401 Facultad de Medicina de la Universidad Nacional de Colombia Ciudad Universitaria, Bogota, Cundinamarca 26402 Facultad de Medicina de la Universidad de Cartagena, Cart-
- agena, Bolivar 26404 Facultad de Medicina de la Pontificia Universidad Javeriana, Bo-
- gota, Cundinamarca 26406 Facultad de Medicina de la Universidad de Caldas, Manizales, Cal-
- das
- 26407 Facultad de Medicina de la Universidad del Cauca, Popayan, Cauca

27501 Facultad de Medicina de la Universidad de la Habana, Havana 27502 Escuela de Medicina, Universidad de Oriente, Santiago

286 Czechoslovakia

- 28601 Deutsche Univerzita Medizinische Fakulta, Praha (15405 before 1919)
- 28602 Charles Univerzita Fakulta of PedGen Medicine, Praha

29703 Odense Univ. det Laegevidenskabelige, Odense

30501 Ross University School of Medicine and Veterinary Medicine, Roseau

308 Dominiean Republic

30801 Facultad de Medicina de la Universidad de Santo Domingo, Ciudad Trujillo

30803 Universid ad Central Del Este

30805 Instituto Technologico de Santo Domingo, Santo Domingo 30807 Universidad Cetec, Escuela De Medicina, Santo Domingo 30811 Univ. Tech. (Utesa) Escuela de Medicina, Santiago

319 Eeuador

31901 Facultad de Ciencias Medicas de la Universidad Central, Ouito

330 Egypt (United Arab Republic) 33002 Kasr-el-Aini Faculty of Medicine, Cairo University, Cairo (Formerly Fouad First University Faculty of Medicine) 33003 Faculty of Medicine Alexandria University, Alexandria

33004 Abbasis Faculty of Medicine, University of Ein Shams, Cairo

341 El Salvador

34104 Facultad de Medicina Universidad Nacional del Salvador, San Salvador

352 England

35204 University of Newcastle-Upon-Tyne Medical School (Before August 1963 Kings College University in Durham)

35205 School of Medicine University of Leeds, Leeds 35207 University of London Faculty of Medicine, London

35211 Registrable Qualifications granted by English Conjoint Board (Royal College of Surgeons of England/Royal College of Physicians of London)

385 Formosa (Taiwan)

(Also see 244 Taiwan [Effective 1-17-71])

38501 Kaohsiung (takau) Medical College, Kaohsiung

38502 College of Medicine National Taiwan University, Taipei

38503 National Defense Medical Center, Taipei

38505 China Medical College, Taichung

396 France

39606 Faculte de Medecine de l'Universite de Paris, Paris, Seine 39607 Faculte mixte de Medecine et de Pharmacie de l'Universite de Toulouse, Toulouse, Haute-Garonne
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407 Germany

Also see 408409—East and West Germany (Effective 1-1-71) 40707 Medizinische Fakultat der Georg-August-Universitat, Gottingen,

40710 Medizinische Fakultat der Universitat Heidelberg, Heidelberg, Baden-Wurttemberg

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40716 Medizinische Fakultat der Ludwig Maximiliams-Universitat, Munchen, Bayern

40721 Medizinische Fakultat der Universitat Hamburg, Hamburg 40723 Medizinische Fakultat der Johann-Wolfgang-Goethe-Universitat, Frankfurt-Am-Main, Hessen

40733 Medizinis che Fakultat der Freien Universitat Berlin, Berlin 40902 Medizinische Fakultat Rheinischen Friedrich Wilhelms Universitat,

Bonn (40702 before 1971) 40905 Medizinische Fakultat Albert-Ludwigs-Universitat Freiberg im Breisgau

40921 Medizinische Fakultat Universitat Hamburg, Hamburg (40721 before 1971)

40933 Medizinische Fakultat Freien Universitat, Berlin, Berlin (40733 Prior to 1-1-71)

418 Greece

41801 Faculty of Medicine National University of Athens, Athens 41802 Faculty of Medicine University of Thessaloniki, Thessaloniki

42901 Facultad de Ciencias Medicas, Universidad de San Carlos, Guatemala

451 Honduras

45101 Facultad de Medicina y Cirugia de la Universidad Nacional Autonoma de Honduras, Tegucigalpa

473 Hungary 47301 Orvosi Fakultas Tudomanyegyetem, Budapest

49501 University of Bombay, Affiliated Medical Colleges are:

a. Grant Medical College Bombay University, Bombay, Maharas-

b. Seth Gorhandas Sunderdas Medical College Bombay University, Bombay, Maharashtra

49503 Guru Nanak Medical College, Guru Nanak University, Amritsar, Puniab

49504 Madras Medical College Madras University, Madras, Madras

49508 Christian Medical College Punjab University, Ludhiana, Punjab 49509 St. John's Medical College, Bangalore, Mysore (before June 1966:

Government Medical College, Mysore University, Mysore)

49511 Andhra Medical College Andhra University, Visakhapatnam, An-

49515 Prince of Wales Medical College, Patiala University, Bankipore Patiala, Bihar

49516 Stanley Medical College Madras University, Madras, Madras

49517 Topiwala National Medical College, Bombay University, Bombay, Maharashtra

49518 Assam Medical College Gauhati University, Dibrugarh, Assam
49520 M.G.M. Medical College, Indore Madhya Pradesh
49521 Osmania Medical College Osmania University, Hyderabad, Andhra
49523 Medical College Baroda University, Baroda, Gujarat
49524 Osmania Medical College Baroda University, Baroda, Gujarat

49527 Medical College Baroda University, Baroda, Gujarat 49527 Christian Medical College, Vellore, Madras 49528 Byramjee Jeejeebhoy Medical College, Poona, Maharashtra 49529 Government Medical College Punjab University, Patiala, Punjab 49530 Sawai Man Singh Medical College Rajasthan University, Jaipur, Rajasthan

49531 Medical College Kerala University, Trivandrum, Kerala

49533 Medical College, Bangalore University, Mysore

49534 Gajra Rajo Medical College Vikram University, Gwalior, Madhya Pradesh

49535 Karnatak Medical College Karnatak University, Hubli, Mysore 49536 All-India Institute of Medical Sciences, New Delhi, Delhi

49537 Kasturba Medical College Karnatak University, Manipal, Mysore 49541 G.S.V. Memorial Medical College Lucknow University, Kampur, Uttar Pradesh

49545 Maulana Azad Med. College, Univ. of Delhi, New Delhi
 49547 Medical College Jabalpur University, Jabalpur, Madhya Pradesh
 49548 M.P. Shah Medical College Gujarat University, Jamnagar, Gujarat
 49549 Ghandhi Medical College Vikram University, Bhopai, Madhya

Pradesh

49550 Guntur Medical College Andhra University, Guntur, Andhra 49552 St. John's Medical College, Bangalore University, Bangalore, My

sore

49554 Rajendra Medical College, Ranchi, Bihar

49555 Sardar Patel Medical College, Bikaner 49557 Kakatiya Medical College, Warangal, Andhra Pradesh 49562 Kurnool Medical College, Venkatesvara University, Kurnool

49568 College Medical Sciences Banaras Hindu University, Varanasi, Uttar Pradesh

49572 Gov. Med. Coll., Gulbarga Univ., Bellary, Karnataka

49573 Armed Forces Medical College, Poona 49574 Ravindra Nath Tagore Medical College, Udaipur

49576 Municipal Medical College, Gujarat University, Ahmedabad, Gu-

jarat
49579 V.S.S. Med. Coll., Sambalpur Univ., Burla, Orissa
49583 Indira Gandhi Medical College, Nagpur
49589 Government Medical College, S. Gujarat Univ., Surat
9596 Lokmanya Tilak Mun Medical College, Bombay University, Bombay, Maharashtra 49597 Dr. Vaishampayan Memorial Medical College, Shivaji University,

Shalopur, Maharashtra 49610 M.L.B. Medical College, Juansi

49611 Sri Krishna Medical College, Muzaffarpur, Bihar

506 Indonesia

50602 Faculty of Medicine Airlangga University, Surabaya

51701 Faculty of Medicine University of Teheran, Teheran 51703 Faculty of Medicine, Tabriz

528 Iraq

52801 Faculty of Medicine Baghdad University, Baghdad

539 Ireland

53901 Faculty of Medicine Queen's University of Belfast, Belfast 53902 National University of Ireland, Constituent Colleges are: a. Faculty of Medicine University College, Dublin

b. Faculty of Medicine University College, Corkc. Faculty of Medicine, Galway

56117 Facolta di Medicina e Chirurgia, Rome

53903 School of Physic Trinity College University of Dublin, Dublin

550 Israel

55001 The Hebrew University-Hadassah Medical School, Jerusalem 55002 Tel Aviv University, Tel Aviv

56I Italy

56101 Facolta di Medicina e Chirurgia dell'Universita di Bologna, Bologna

56111 Facolta di Medicina e Chirurgia dell'Universita di Padova, Padua 56115 Facolta di Medicina e Chirurgia dell'Universita di Perugia, Perugia

56119 Facolta di Medicina e Chirurgia dell'Universita di Siena, Siena

56120 Facolta di Medicina e Chirurgia dell'Universita di Torino, Turin

572 Japan

57211 Tokyo Medical College (Nippon Ikadaigaku) Hongo, Tokyo (Ex-

57241 Faculty of Medicine Shinshu University, Matsumoto, Nagano 57249 Tokyo Medical College, Tokyo

583 Korea (South)

58301 Severence Medical College Yonsei University, Seoul 58302 College of Medicine Seoul National University, Seoul

58303 Korea University Medical College, Seoul 58304 College of Medicine Kyong-Puk National University, Taegu 58306 College of Medicine Chun Nam National University, Kwangiu

58309 College of Medicine Pusan National University, Pusan

58310 College of Medicine Catholic University, Seoul

605 Lebanon 60501 Medical School American University of Beirut, Beirut

62701 Faculty of Medicine and Surgery Royal University of Malta, Valetta

64901 Facultad de Medicina de la Universidad Nacional Autonoma de

64902 Facultad de Medicina de la Universidad de Nuevo Leon, Monterrey, Nuevo Leon

64903 Facultad de Medicina de la Universidad de Guadalajara, Jalisco 64906 Facultad de Medicina de la Universidad Nacional del Sureste, Merida, Yucatan

64914 Facultad de Medicina de la Universidad Autonoma de Guadalajara, Guadalajara, Jalisco

64930 School of Medicine, Universidad Autonoma de Monterrey

64933 Universidad Autonoma de Ciudad Juarez, Ciudad Juarez, Chihua-

64935 Escuela de Medicina de la Universidad del Noreste, Tampico, Ta-

64936 Centro de Estudios Universidad Xochicalo A.C., Cuernavaca, Mo-

64954 Universidad Mexicana-Americana del Norte, Reynosa, Tamaulipas

660 Netherlands

66061 Faculteit der Geneeskunde Universiteit Van Amsterdam, Amsterdam

671 New Zealand

67101 Medical School University of Otago, Dunedin

69001 College of Medicine, University of Ibadan, Ibadan 69005 Faculty of Health Sciences, University of Ife, Ife

70401 King Edward Medical College, Lahore, West Pakistan 70402 Dow Medical College, Karachi, Federal Capital Area

70403 Dacca Medical College, Dacca, East Pakistan 70404 Nishtar Medical College, Multan, West Pakistan 70406 Fatima Jinnah Med. Coll. for Women, Lahore

70409 Khyber Medical College, Peshawar, North-West Fronticr Province 70410 Chittagong Medical College, Chittagong, East Pakistan (16001 after 7-1-72)

70416 Sind Medical College, University of Karachi, Karachi

726 Paraguay

72601 Facultad de Medicina de la Universidad Nacional de Asuncion, Asuncion

737 Peru

73701 Facultad de Medicina de San Fernando de la Universidad Nacional Mayor de San Marcos, Lima

73705 Facultad de Medicina de la Universidad Nacional de San Agustin, Arequipa

73706 Facultad de Medicina "Cayetano Heredia" de la Universidad Peruana de Ciencias Medicas y Biologicas, Lima

748 Philippines

74801 Faculty of Medicine and Surgery University of Santo Tomas, Manila

74802 College of Medicine University of the Philippines, Manila

74807 College of Medicine Manila Central University, Manila

74808 Institute of Medicine Far Eastern University, Manila 74809 College of Medicine Southwestern University, Cebu City 74810 College of Medicine University of the East, Quezon City

74811 College of Medicine Cebu Institute of Technology, Cebu City

759 Poland

75903 Warsaw Medical Academy 75911 Akademia Medyczna, Białystock

781 Romania

78103 Instut de Medicina si Farmacie, Cluj-Napoca

80301 Faculty of Medicine University of Aberdeen, Aberdeen 80302 University of St. Andrews School of Medicine, Dundee 80303 Faculty of Medicine University of Edinburgh, Edinburgh

80305 Faculty of Medicine University of Glasgow, Glasgow

83601 Medical School University of the Witwatersrand, Johannesburg

84701 Facultad de Medicina de la Universidad de Barcelona, Barcelona 84703 Facultad de Medicina de la Universidad de Granada, Granada 84704 Facultad de Medicina de la Universidad de Madrid, Madrid

84705 Santiago de Compostela, Santiago

84706 Facultad de Medicina de la Universidad de Zaragoza, Zaragoza 84708 Facultad de Medicina de la Universidad de Valencia, Valencia 84710 Facultad de Medicina de la Universidad de Salamanca, Salamanca

84711 Facultad de Medicina de la Universidad Catolica Navarra, Pam-

869 Switzerland

86901 Medizinische Fakultat der Universitat Basel, Basel

86902 Medizinische Fakultat der Universitat Bern, Bern

86905 Faculte de Medecine de l'Universite de Lausanne, Lausanne

87501 Faculty of Medicine Damascus University, Damascus

Taiwan (See Formosa)

891 Thailand

89101 Faculty of Medicine at Chulalongkorn Hospital University of Medical Sciences, Bangkok

89102 Faculty of Medicine at Sariraj Hospital University of Medical Sciences, Thonburi

89104 Faculty of Medicine at Ramathibodi Hospital, Mahidol University, Bangkok

902 Turkey

90201 Tip Fakultesi Istanbul Universitesi, Istanbul 90205 Haceteppe University Faculty of Medicine, Ankara

913 Russia

91302 Voronezh Medical Institute, Voronezh

915 Egypt 91504 Faculty of Medicine, University Ein Shams, Cairo

917 United Kingdom-England-Wales-Northern Ireland

91707 University of London Faculty of Medicine, London (35207 before 1971)

91708 University of Manchester Faculty of Medicine, Manchester

91801 Queens University, Belfast (53901 before 1971)

941 Viet-Nam South

94101 Faculte mixte de Medicine et de Pharmacie Universite de Saigon,

945 Udaipur

94574 Ravindra Nath Tagore Medical College, Udaipur

957 Yugoslavia

95702 Medicinski Fakultet Univerziteta u Beogradu, Belgrade

KMS Medical Advocacy Program Telephone Numbers

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800-254-2460 913-235-2383 or 800-332-0156

Medical Specialty Codes

The medical specialties used in this directory are self-designated. Thus, they do not necessarily indicate certification by the board of the specialty indicated, nor are they indication of accreditation by the Accreditation Council for Graduate Medical Education.

The codes utilized are derived from the AMA Masterfile Codes for Self-Designation of Practice Specialties, as prepared by the Division of Survey and Data Resources, American Medical Association, March 1990.

CDS Cardiovascular Surgery CDTS Cardiovascular & Thoracic Surgery CHP Child Psychiatry D Dermatology DR Radiology, Diagnostic EENT Eye, Ear, Nose and Throat EM Emergency Medicine END Endocrinology ENT Ear, Nose & Throat ES Endoscopy Surgery FP Family Practice GE Gastroenterology GP General Practice GPM General Preventive Medicine GPVS General & Peripheral Vascular Surgery GS General Surgery GYN Gynecology HEM Hematology ID Infectious Diseases IE Insurance Examination IM Internal Medicine MFM Maternal Fetal Medicine MFM Maternal Fetal Medicine N Neurology NEM Neonatal-Perinatal Medicine U	N Oncology PH Ophthalmology RS Orthopedic Surgery TO Otorhinolaryngology Psychiatry Clinical Pharmacology TH Pathology Pediatrics Phathology Pediatric Allergy Pediatric Endocrinology Pediatric Neurology Pediatric Neurology Pediatric Nephrology Pediatric Surgery Pediatric Surgery RER Psychogerontology Public Health Physical Medicine & Rehabilitation Plastic Surgery UD Pulmonary Disease Radiology HU Rheumatology Radiology/Oncology N Surgical Oncology Therapeutic Radiation Thoracic Surgery Urology
NEM Neonatal-Perinatal Medicine NEP Nephrology 00	

Alphabetical Listing

Α

AAMODT MD, LEONARD W, HARRISONBURG, VA
ABAY MD, EUSTAQUIO O, WICHITA, KS
ABBAS MD, DILAWER H, WICHITA, KS
ABBUEHL MD, DON R, CHANUTE, KS
ABBLEHL MD, LANSAS CITY, KS
ADAMS MD, ALAN W, HAYS, KS
ADAMS MD, DWIGHT L, OSAGE CITY, KS
AGUSTIN MD, CONRADO M, WICHITA, KS
AHLSTRAND MD, RICHARD A, WICHITA, KS
AHLSTRAND MD, RICHARD A, WICHITA, KS
AHLSTROM MD, NANCY G, WICHITA, KS
AHMED MD, IFFEKHAR, KANASA CITY, MO
AILLON MD, ALEJANDRO J, HALSTEAD, KS
AKERS MD, GUY I, FORT SCOTT, KS
ALBERS MD, ROBERT C, HAYS, KS
ALDIS MD, HENRY, FORT SCOTT, KS
ALDIS MD, WILLIAM, FORT SCOTT, KS ALDIS MD, HENRY, FORT SCOTT, KS
ALDIS MD, WILLIAM, FORT SCOTT, KS
ALDOROTY MD, NEIL, WICHITA, KS
ALEXANDER MD, CHARLES E, KANSAS CITY, KS
ALEXANDER MD, SHIRLEY J F, WICHITA, KS
ALFONSO MD, MANUEL, WICHITA, KS
ALI MD, ZAHID, WICHITA, KS
ALII MD, ZAHID, WICHITA, KS
ALIEMOFF MD, JAMES K, TOPEKA, KS
ALLERITTEN JR MD, FRANK F, CUNNINGHAM, KS
ALLEGRE MD, ANN, KANSAS CITY, KS
ALLEN JR MD, WILLIAM R, GREAT BEND, KS
ALLEN MD, FRANCES A, NEWTON, KS
ALLEN MD, JAMES V, SHAWNEE MISSION, KS
ALLEN MD, JAYL, PLEASANTON, KS
ALLEN MD, JAYL, PLEASANTON, KS
ALLEN MD, MAX S, SHAWNEE MISSION, KS
ALLEN MD, MAX S, SHAWNEE MISSION, KS ALLEN MD, JAY L, PLEASANTON, KS
ALLEN MD, MAX S, SHAWNEE MISSION, KS
ALLEN MD, PHILLIP M, WICHITA, KS
ALLEN MD, RAY E, LIBERAL, KS
ALLEN MD, STEVEN W, WICHITA, KS
ALLEN MD, TIMOTHY E, TOPEKA, KS
ALLIN MD, DENNIS M, KANSAS CITY, KS
ALLIN MD, CHARLES T, SALINA, KS
ALMONTE MD, PRISCILLA C, WICHITA, KS
ALMONTE MD, PRODOLFO O, WICHITA, KS
ALMONTE MD, VERYU D, BAYTER SPRINGS I ALMONTE MD, HODOLFO O, WIGHTA, KS ALQUIST MD, VERYL D, BAXTER SPRINGS, KS ALSOP MD, WILLIAM R, SALINA, KS ALTENBERND MD, ELVIN C, EUDORA, KS ALTER MD, BRUCE R, SYRACUSE, KS ALVARADO MD, LORRAINE, WICHITA, KS ALVAREZ MD, NORBERTO, ARKANSAS CITY, KS AMADO MD, MERCEDES C, SHAWNEE MISSION, KS AMADO MD, MERCEDES C, SHAWNEE MISSION, AMARANENI MD, PRASUNAMBA G, TOPEKA, KS AMAWI MD, MOHAMMAD S, DODGE CITY, KS AMBLER MD, CARL D, PRATT, KS AMEND MD, DOUGLAS J, EMPORIA, KS AMMAR MD, ALEX D, WICHITA, KS AMRANI MD, JACOB, WICHITA, KS AMSTUTZ MD, SAMUEL W, WICHITA, KS ANANTH MD, PERIAPATNA, KANSAS CITY, KS ANDERSON MD, EUGENE G, GREEN VALLEY, AZ ANDERSON MD, ALLISON H, SHAWNEE MISSION, KS ANDERSON MD, CRAIG A, OLATHE, KS ANDERSON MD, DALE W, AUGUSTA, KS ANDERSON MD, DAVID J, WICHITA, KS ANDERSON MD, DAVID J, WICHITA, KS
ANDERSON MD, DOUGLAS S, PAOLA, KS
ANDERSON MD, JAMES D, WICHITA, KS
ANDERSON MD, JODY, SALINA, KS
ANDERSON MD, LARRY R, WELLINGTON, KS
ANDERSON MD, PATRICIA W, CONCORDIA, KS
ANDERSON MD, SUSAN R, KANSAS CITY, MO
ANDERSON MD, WILLIAM A, SHAWNEE MISSION, KS
ANDERSON MD, WINSTAN L, SUN CITY WEST, AZ
ANDERSON MD, WINSTAN L, SUN CITY WEST, AZ
ANDERSON MD, WINSTAN L, SUN CITY WEST, AZ ANDERSON-CLAIR, JENNIFER, SHAWNEE MISSION,

KS
ANDERSON, CY K, WICHITA, KS
ANLIKER, WAYNE L, OLATHE, KS
ANTRIM MD, PHILIP J, ANTHONY, KS
APGAR MD, ROBERT G, INDEPENDENCE, KS
APPELBAUM MD, JAMES, KANSAS CITY, KS
APPELELER MD, WILLIAM O, OSAWATOMIE, KS
APPLEGATE JR MD, FRANCIS R, HAYS, KS
ARAKAWA MD, KASUMI, KANSAS CITY, KS
ARCISZEWSKI MD, CHRISTOPHER I, HAYS, KS
ARDINGER JR MD, ROBERT H, KANSAS CITY, KS
ARGO MD, DONALD, MARYSVILLE, KS
ARGOSINO MD, RODOLFO, WICHITA, KS
ARJUNAN MD, K N, TOPEKA, KS
ARMBRUSTER MD, ALBERT A, STILLWELL, KS
ARMSTRONG MD, HAROLD J, PITTSBURG, KS

ARNOLD MD, L KIRK, SHAWNEE MISSION, KS ARNOLD MD, PAUL M, KANSAS CITY, KS ARNSPIGER II MD, RICHARD C, SHAWNEE MISSION,

ARROYO MD, ZEFERINO, GARDEN CITY, KS
ARROYO, ERRICK J, KANSAS CITY, KS
ARROYO, ERRICK J, KANSAS CITY, KS
ARTZER MD, TYRONE D, WICHITA, KS
ARTZER MD, DENNIS C, TOPEKA, KS
ARUNAKUL MD, PUNYA, TOPEKA, KS
ASHCRAFT MD, SCOTT E, SHAWNEE MISSION, KS
ASHER MD, ADNAN A, LEAVENWORTH, KS
ASHER MD, ADNAN A, LEAVENWORTH, KS
ASHLEY MD, BYRON J, TOPEKA, KS
ASHLEY MD, BYRON J, TOPEKA, KS
ASHLEY MD, BYRON J, TOPEKA, KS
ASHLEY MD, ELIZABETH M, WICHITA, KS
ATHON MD, THOMAS J, TOPEKA, KS
ATKIN MD, J D, YATES CENTER, KS
ATKIN MD, J D, YATES CENTER, KS
ATOR MD, GREGORY A, KANSAS CITY, KS
ATWOOD MD, JEFF B, WAMEGO, KS
ATWOOD MD, JEFF B, WAMEGO, KS
ATWOOD MD, LARRY C, INDEPENDENCE, KS
ATWOOD MD, MCHAEL D, TOPEKA, KS
ATWOOD MD, MICHAEL D, TOPEKA, KS
AUNINS MD, JOHN, WICHITA, KS
AUNINS MD, JOHN, WICHITA, KS
AUSTENFELD MD, JENNIFER, SHAWNEE MISSION, KS

AUSTENFELD MD, MARK S, KANSAS CITY, KS AVERILL MD, STUART C, TOPEKA, KS AVES MD, AGNES, PARSONS, KS AVES MD, RENATO B, PARSONS, KS AVILA MD, OSCAR, DODGE CITY, KS AYUTHIA MD, ISSARA I, DODGE CITY, KS

В

BABEL MD, DOUGLAS B, SHAWNEE MISSION, KS
BABIKIAN MD, PAUL V, WICHITA, KS
BACANI MD, OSWALDO C, FREDONIA, KS
BACKES MD, DAVID J, WICHITA, KS
BACON MD, ARTHUR H, LAKE WORTH, FL
BADEEN II MD, LOUIS J, SHAWNEE MISSION, KS
BAEHR MD, BALPH H, LEE'S SUMMIT, MO
BAEKE JR MD, JOHN L, KANSAS CITY, KS
BAILEY MD, WILLIAM A, LAWRENCE, KS
BAIR MD, ALBERT E, SUN CITY CENTER, FL
BAIR MD, GLENN O, TOPEKA, KS
BAJAJ MD, ASHOK K, WICHITA, KS
BAJAJ MD, RAVI K, WICHITA, KS
BAJAJ MD, RAVI K, WICHITA, KS
BAKER MD, GARY L, KANSAS CITY, MO
BAKER MD, HILLIP L, TOPEKA, KS
BAKER MD, RICHARD B, MANHATTAN, KS
BAKER MD, RICHARD B, MANHATTAN, KS
BAKER MD, TRACY M, WICHITA, KS
BALDRIDGE MD, JOHN A, WICHITA, KS
BALDRIDGE MD, JOHN A, WICHITA, KS
BALLS MD, MITZI M, WICHITA, KS
BALLESTER MD, JOHN M, PITTSBURGH, PA
BAMBARA MD, JOHN F, MANHATTAN, KS
BANKER MD, ROJON F, SHAWNEE MISSION, KS
BALLS MD, BRUCE, WICHITA, KS
BANKER MD, ROPPA O, SHAWNEE MISSION, KS
BANSAL MD, ROPPA O, SHAWNEE MISSION, KS
BANSAL MD, SATISH C, SHAWNEE MISSION, KS
BANSAL MD, ROPPA O, SHAWNEE MISSION, KS
BANSAL MD, SATISH C, SHAWNEE MISSION, KS
BARBAN MD, MARC R, TOPEKA, KS
BARBAR MD, STRELLA G, WICHITA, KS
BARBERI MD, ANTONIO P, WICHITA, KS
BARBER MD, JAMES L, AUGUSTA, KS
BARBER MD, DAMES L, AUGUSTA, KS
BARBER MD, DAMES L, AUGUSTA, KS
BARBER MD, DAMES L, BUBUSTON, KS
BARBER MD, DAMES S, SHAWNEE MISSION, KS
BARBER MD, ANTONIO P, WICHITA, KS
BARBER MD, DAMES L, AUGUSTA, KS
BARBER MD, DAMES L, AUGUSTA, KS
BARBER MD, DAMES E, SHAWNEE MISSION, KS
BARBER MD, DAMES E, SHAWNEE MISSION, KS
BARBER MD, CRAIG D, SHAWNEE MISSION, KS
BARBER MD, CRAIG D, SHAWNEE MISSION, KS
BARBER MD, POATER E, INDEPENDENCE, KS
BARBER MD, PATA, SHAWNEE MISSION, KS
BARRER MD, PATA, SHAWNEE MISSION, KS
BARRER MD, PATA, SHAWNEE MISSION, KS
BARKER MD, PATSY, WICHITA, K

BARKER MD, STANTON L, HUTCHINSON, KS BARKER MD, STEVEN E, MINNEAPOLIS, KS BARLOW MD, JOHN M, MANHATTAN, KS BARNES MD, JOE L, SMITH CENTER, KS BARNES, PAMELA J, SHAWNEE MISSION, KS BARNETT JR MD, THOMAS E, SHAWNEE MISSION, KS

KS
BARNETT MD, JAMES A, EMPORIA, KS
BARNETT MD, ROBERT E, TOPEKA, KS
BARNETT MD, THEODORE M, SHAWNEE MISSION,

BARNETT MD, THEODORE M, SHAWNEE MISSION, KS
BARNHART MD, RONALD J, SHAWNEE MISSION, KS
BARNTHOUSE MD, JOSEPH R, KANSAS CITY, MO
BARR MD, RICHARD N, SHAWNEE MISSION, KS
BARRETT MD, BRADLEY H, NEODESHA, KS
BARRICK MD, BRUCE, SHAWNEE MISSION, KS
BARTAL MD, ELY, WICHITA, KS
BARTH III MD, CHARLES W, WICHITA, KS
BARTH MD, BRADLEY E, SAN DIEGO, CA
BARTHOLOME MD, WILLIAM G, KANSAS CITY, KS
BASOM MD. THON A, SHAWNEE MISSION, KS BARTH MD, BRADLEY E, SAN DIEGO, CA
BARTHOLOME MD, WILLIAM G, KANSAS CITY, KS
BASOM MD, THON A, SHAWNEE MISSION, KS
BASS II MD, ORAL E, WICHITA, KS
BASSELL MD, GERARD M, WICHITA, KS
BASSELT MD, PAUL M, TOPEKA, KS
BATES MD, MICHAEL D, WICHITA, KS
BATES MD, MICHAEL N, NEWTON, KS
BATISTS MD, MICHAEL N, NEWTON, KS
BATHITIZKY MD, SOLOMON, KANSAS CITY, KS
BATTITY MD, LARRY H, SHAWNEE MISSION, KS
BAUER MD, JOSEPH G, DES MOINES, IA
BAUER MD, LAFE W, SHAWNEE MISSION, KS
BAUER MD, LAIRD A, SHAWNEE MISSION, KS
BAUER MD, THOMAS A, HUTCHINSON, KS
BAUER MD, THOMAS A, HUTCHINSON, KS
BAUER MD, THOMAS A, HUTCHINSON, KS
BAUBHMAN MD, MICHAEL J, GARDEN CITY, KS
BAUMANN MD, TOPEKA, KS
BAUMANN MD, PAUL A, WICHITA, KS
BAUMANN MD, PAUL A, WICHITA, KS
BAYTER MD, KIRKMAN G, KANSAS CITY, KS
BAYTER MD, KIRKMAN G, KANSAS CITY, KS
BAYTER MD, WICHAEL, KS
BAYTER MD, HIGH G, EDMONDS, WA
BEACH MD, RICHARD R, LAWRENCE, KS
BEAHM MD, DONALD E, GREAT BEND, KS
BEAL MD, RAYMOND J, FREDONIA, KS
BEALMD, RAYMOND J, FREDONIA, KS
BEAMER MD, BLCHARD F, SHAWNEE MISSION, KS
BEAMER MD, BLCHARD F, SHAWNEE MISSION, KS
BEAMER MD, BLCHARD F, SHAWNEE MISSION, KS
BEAMON MD, BICHARD F, SHAWNEE MISSION, KS
BEAMON MD, BICHARD F, SHAWNEE MISSION, KS
BEAMON MD, BICHARD F, SHAWNEE MISSION, KS BEAMER MD, R LARRY, WICHITA, KS
BEAMON MD, RICHARD F, SHAWNEE MISSION, KS
BEARY, WILLIAM M, KANSAS CITY, KS
BEATTIE MD, MARY A, WICHITA, KS
BEATTY MD, ROBERT M, KANSAS CITY, KS
BEAUREGARD, CURTIS L, KANSAS CITY, KS BEBAK MD, DONALD M, WICHITA, KS BEBBER MD, JORGE H, WICHITA, KS BECK MD, CHARLES W, WICHITA, KS BECK MD, JOSEPH D, TOPEKA, KS BECK MD, WILLIAM R, NEWTON, KS BECK MD, WILLIAM R, NEWTON, KS
BECKER MD, KARL E, WICHITA, KS
BECKER MD, LESLIE E, KANSAS CITY, KS
BECKER MD, NANCY J, SHAWNEE MISSION, KS
BEDFORD MD, D R, TOPEKA, KS
BEECH MD, RANDALL R, WICHITA, KS
BEELMAN MD, FLOYD C, TOPEKA, KS
BEEZLEY MD, MICHAEL J, SHAWNEE MISSION, KS
BEGGS MD, DAVID F, GARDEN CITY, KS
BEILMAN MD, GREG, MINNEAPOLIS, MN
BEILMAN D, W, SHAWNIFE MISSION, KS BELL MD, D W, SHAWNEE MISSION, KS BELL MD, D W, SHAWNEE MISSION, KS
BELL MD, MARK G, SALINA, KS
BELLER MD, WILLIS L, SUN CITY, AZ
BELLOWS-BLAKELY MD, DAVID S, TOPEKA, KS
BELOT JR MD, MONTI L, LAWRENCE, KS
BELT MD, ROBERT J, SHAWNEE MISSION, KS
BELTRAN MD, DELFIN J, WICHITA, KS
BELZER MD, EDWARD G, SHAWNEE MISSION, KS BELZER MD, EDWARD G, SHAWNEE MISSION, I BENA MD, JAMES, PITTSBURG, KS BENAGE MD, JOHN F, FORT SCOTT, KS BENJAMIN MD, ASHLEY B, LAWRENCE, KS BENSON MD, KIRK T, KANSAS CITY, KS BENSON MD, KIRK T, KANSAS CITY, KS BERGANT MD, JAMES A, KANSAS CITY, KS BERGH MD, JAMES R, SHAWNEE MISSION, KS BERKEY MD, VERNON A, PITTSBURG, KS BERKLEY MD, DON H, ABILENE, KS BERKLEY MD, NORMAN W, SENECA, KS BERKLEY MD, NORMAN W, SENECA, KS BERKLEY MD, NORMAN W, SENECA, KS BERMAN, ALAN S, SHAWNEE MISSION, KS BERMAN, ALAN S, SHAWNEE MISSION, KS BERNARD MD, JOHN H, EMPORIA, KS

BERNHARDT MD, GARY D, SHAWNEE MISSION, KS
BETHEL MD, CHANDLER S, WICHITA, KS
BEUGELSDIJK MD, HENRY P, HALSTEAD, KS
BEY MD, LOVI D, KANSAS CITY, KS
BHAGAT MD, KUNAC P, BEAR, DE
BHARATI MD, RALPH, WICHITA, KS
BHARGAVA MD, BAIKUNTH N, WINFIELD, KS
BIBERSTEIN MD, GREG A, MANHATTAN, KS
BICHLMEIER MD, FRANKLIN G, SHAWNEE MISSION,

BICKELHAUPT MD, ETHAN E, PERRY, KS BIERI MD, PETER V, LAWRENCE, KS BIERMANN MD, HENRY J, WICHITA, KS BIGGS MD, J DENNIS, ABILENE, KS BIGHAM MD, BRYON S, TOPEKA, KS BIGLER MD, F CALVIN, SHIPROCK, NM BIGONGIARI MD, LAWRENCE R, WICHITA, KS BIGONGIAHI MID, LAWHENCE H, WICHITA, KS
BILLINGS MD, BRIAN M, WICHITA, KS
BILLINGS MD, THOMAS, MC PHERSON, KS
BILLINGSLEY JR MD, JOHN A, IOLA, KS
BINGAMAN MD, ROBERT W, WICHITA, KS
BINYON MD, KERNIE W, WICHITA, KS
BISHOP MD, FRANCIS E, SHAWNEE MISSION, KS
BISHOP MD, HENRY R, SHAWNEE MISSION, KS BISHOP MD, HENRY R, SHAWNEE MISSION, KS
BLACK MD, BRYAN L, WICHITA, KS
BLACK MD, CYRIL V, PRATT, KS
BLACKBURN MD, ROBERT W, COUNCIL GROVE, KS
BLACKMAN MD, JACQUES D, WICHITA, KS
BLANCHARD MD, PATRICK A, SALINA, KS
BLATY MD, LAWRENCE R, WICHITA, KS
BLEIBERG MD, EFRAIN, TOPEKA, KS BLETZ MD, DONALD B, SHAWNEE MISSION, KS BLEYTHING, TRACY A, KANSAS CITY, KS BLITZ MD, ROGER, HUTCHINSON, KS BLITZ MD, ROGER, HUTCHINSON, KS
BLOCK MD, JEROME E, COFFEYVILLE, KS
BLOOM MD, BARRY T, WICHITA, KS
BLOOM MD, RODNEY L, WICHITA, KS
BLOOM MD, RODNEY L, WICHITA, KS
BLOXHAM MD, THOMAS J, WICHITA, KS
BOBER MD, JOHN F, WICHITA, KS
BOCK MD, PETER A, EUDDRA, KS BOESE MD, KENNETH M, MANHATTAN, KS BOGNER MD, PAUL F, NEWTON, KS BOHMER, JAMES T, KANSAS CITY, KS BOHN MD, WILLIAM W, SHAWNEE MISSION, KS BOHN MD, WILLIAM W, SHAWNEE MISSION, KS BOLES MD, J MICHAEL, SHAWNEE MISSION, KS BOLES MD, R DALE, COMANCHE, OK BOLING MD, J MARK, KANSAS CITY, KS BOLINGER MD, ROBERT E, KANSAS CITY, KS BOLT MD, MICHAEL S, JUNCTION CITY, KS BOLT MD, MICHAEL S, WICHITA, KS BOND MD, ROGER C, WICHITA, KS BONEBRAKE MD, C RICHARD, TOPEKA, KS BOOTH MD, JENNIFER L, ALBUQUERQUE, NM BOREL MD, DAVID, TOPEKA, KS BORGER MD, CARLOS A TOREKA, KS BORGE MD, CARLOS A, TOPEKA, KS
BORGEMDALE MD, LLEWELLYN V, WAMEGO, KS
BORRA MD, MARIO J, HUTCHINSON, KS
BOS MD, NORMAN C, HUTCHINSON, KS BOS MD, NORMAN C, HUTCHINSON, KS
BOSILEVAC MD, FRED N, KANSAS CITY, KS
BOSILJEVAC JR MD, JOSEPH E, EMPORIA, KS
BOSSEMEYER II MD, CHARLES H, SALINA, KS
BOTTS MD, LARRY D, SHAWNEE MISSION, KS
BOUD MD, THOMAS J, OLATHE, KS BOUD MD, HOMAS J, OLAI HE, KS BOUREAUX MD, VELTIN J, WICHITA, KS BOWEN JR MD, HARRY J, TOPEKA, KS BOWEN MD, CLOVIS W, TOPEKA, KS BOWEN MD, JUDITH M, TOPEKA, KS BOWERMAN MD, ROBERT F, HAYS, KS BOWLES MD, MARK H, WICHITA, KS BOWLIN D O, SCOTT E, SHAWNEE MISSION, KS BOXBERGER MD, GREGORY R, WICHITA, KS BOYDE MD, MARY C, WICHITA, KS BOYD MD, HAROLD D, CANTONMENT, FL BOYD MD, Z REX, WICHITA, KS BOYDEN MD, MARY S, LAWRENCE, KS BOYER MD, DEBORAH A, TOPEKA, KS
BOYER MD, ROBERT E, KINGMAN, KS
BRACK MD, JULIE D, SHAWNEE MISSION, KS
BRACKETT JR MD, CHARLES E, KANSAS CITY, KS BRADA MD, DONALD R, WICHITA, KS BRADEN MD, BILL L, WAMEGO, KS BRADFORD, DONNELL L, THE WOODLAND, TX BRADLEY MD, H RUSSELL, EMPORIA, KS BRADLEY MD, J RODERICK, GREENSBURG, KS BRADLEY MD, JAMES K, KANSAS CITY, MO BRADLEY MD, KENT R, WICHTIA, KS BRADY MD, MARK D, WICHITA, KS BRAKE MD, DAVID, WIGHITA, KS BRANDSTED MD, ERNEST C, MC PHERSON, KS BRANDSTED MD, MARK W, TOPEKA, KS

BRANDT, JOHN F. KANSAS CITY, KS BRANDT, JOHN F, KANSAS CITY, KS
BRANSON MD, VERNON L, LAWRENCE, KS
BRAUN III MD, WILLIAM T, WICHITA, KS
BRAUN MD, EDWARD W, FORT SCOTT, KS
BRAUN MD, KENNETH, WICHITA, KS
BRAUN MD, ROBERT W, TOPEKA, KS
BRAUN MD, STEVEN D, HUTCHINSON, KS
BRAUN MD, WILLIAM T, PORT ORANGE, FL BRECHEISEN MD, NANCY L, WICHITA, KS BRECKBILL MD, DAVID L, WICHITA, KS BREIT MD, SHARON K, WICHITA, KS BREIT MD, SHARON K, WICHITA, KS
BRENNER MD, CYNTHIA L, HAYS, KS
BRETHOUR MD, LESLIE J, JUNCTION CITY, KS
BREWER MD, ALAN R, WICHITA, KS
BREWER MD, ALAN R, WICHITA, KS
BREWER MD, SUSAN J, TOPEKA, KS
BRIAN MD, DAVID A, DODGE CITY, KS
BRIAN MD, DAVID A, DODGE CITY, KS
BRIDWELL MD, RUSSELL E, TOPEKA, KS
BRICHLART MD, MAXINE T, KANSAS CITY, KS
BRINTON MD, EDWARD S, WICHITA, KS
BROCKHOUSE MD, JOHN P, EMPORIA, KS
BROOKS MD, CHARLES L, OLATHE, KS
BROOKS MD, THE ALE SL, OLATHE, KS
BROOKS MD, HICHARD J, NEWTON, KS
BROOKS MD, HICHARD J, NEWTON, KS
BROOKS MD, FICHARD J, NEWTON, KS
BROWN JR MD, VAL J, WICHITA, KS
BROWN MD, C PEIFF, GREAT BEND, KS
BROWN MD, C PEIFF, GREAT BEND, KS
BROWN MD, PRED E, SALIDA, CO
BROWN MD, JEFFERY C, WICHITA, KS
BROWN MD, M DAVID, SHAWNEE MISSION, KS
BROWN MD, MICHAEL P, WICHITA, KS BRENNER MD, CYNTHIA L, HAYS, KS BROWN MD, MICHAEL P, WICHITA, KS BROWN MD, MICHELLE R, WICHITA, KS BROWN MD, RANDALL J, MARYSVILLE, KS BROWN MD, ROBERT A, WINFIELD, KS BROWN MD, ROBERT L, WICHITA, KS BROWN MD, ROBERT U, WICHITA, KS BROWN MD, ROBERT W, SALINA, KS BROWN MD, RONALD C, WICHITA, KS BROWN MD, RONALD L, WICHITA, KS BROWN MD, WILLIAM R, SHAWNEE MISSION, KS BROWN SR MD, VAL J, WICHITA, KS BROWN-SANDERS MD, CAROLINE, LEE'S SUMMIT, BROWN, NORAH'E, KANSAS CITY, KS BROWNE, CHRISTOPHER A, KANSAS CITY, KS BROWNING MD, JIMMIE L, CLAY CENTER, KS BROWNING MD, WILLIAM H, WICHITA, KS BROXTERMAN MD, STEVEN JOSEPH, SHAWNEE MISSION, KS
BROZEK MD, JEFFREY E, GREAT BEND, KS
BRUCE MD, KAREN E, TOPEKA, KS
BRUMMETT MD, RICHARD R, KANSAS CITY, MO

BROZEK MD, JEFFREY E, GREAT BEND, KS
BRUCE MD, KAREN E, TOPEKA, KS
BRUMMETT MD, RICHARD R, KANSAS CITY, MO
BRUN MD, MICHAEL E, SHAWNEE MISSION, KS
BRUNER JR MD, KENNETH W, TOPEKA, KS
BRUNER JR MD, KENNETH W, TOPEKA, KS
BRUNER MD, BRADLEY W, WICHITA, KS
BRUNGARDT MD, GERARD S, WICHITA, KS
BRUNGARDT MD, GERARD S, WICHITA, KS
BRUNING MD, DANIEL L, SHAWNEE MISSION, KS
BRUNNING MD, DANIEL L, SHAWNEE MISSION, KS
BRUNNER MD, CHRIS N, WICHITA, KS
BRUNNER MD, CHRIS N, WICHITA, KS
BRUNNER MD, EMERY C, ERIE, KS
BRYANT MD, R KEVIN, WICHITA, KS
BUBB MD, STEPHEN K, SHAWNEE MISSION, KS
BUBBENIK MD, OLDRICH V, PHILLIPSBURG, KS
BUCK JR MD, BEN H, WICHITA, KS
BUCK JR MD, HENRY W, LAWRENCE, KS
BUCK JR MD, WILLIAM D, BLUE RAPIDS, KS
BUCK JR MD, WILLIAM D, BLUE RAPIDS, KS
BUCKMAN MD, MARTIN SPALDING, SHAWNEE
MISSION, KS
BUDETTI MD, JOSEPH A, N MIAMI BEACH, FL

MISSION, KS
BUDETTI MD, JOSEPH A, N MIAMI BEACH, FL
BUHR MD, BRUCE R, WICHITA, KS
BULA MD, RALPH E, HAYS, KS
BULLER MD, DAVID L, MC PHERSON, KS
BURES JR MD, GEORGE J, SHAWNEE MISSION, KS
BURGES MD, PAUL B, SHAWNEE MISSION, KS
BURGESON MD, FRANK G, EMPORIA, KS
BURGESS MD, ARTHUR P, LAWRENCE, KS
BURGETT, PAUL M, WICHITA, KS
BURKE MD, JAMES J, FORT SCOTT, KS
BURKE MD, JOSEPH V, ATCHISON, KS
BURKE MD, MICHAEL J, WICHITA, KS
BURKE MD, MICHAEL J, WICHITA, KS
BURKE MD, MICHAEL J, WICHITA, KS
BURKEMN MD, REUBEN J, CHANUTE, KS

BURNETT D O, MICHAEL E, TOPEKA, KS
BURNETT DO, LARRY E, SALINA, KS
BURNETT MD, A DEAN, HALSTEAD, KS
BURNET MD, A DEAN, HALSTEAD, KS
BURNEY MD, WILLIAM W, WICHITA, KS
BURNS, BRYAN W, SHAWNEE MISSION, KS
BURPEE MD, JAMES F, WICHITA, KS
BURRIS, JULIE R, WICHITA, KS
BURRIS, JULIE R, WICHITA, KS
BURT MD, RONALD J, LAWRENCE, KS
BURTNER, JENNIFER J, KANSAS CITY, KS
BURTNETT, LAWANA M, WICHITA, KS
BUSER MD, WILLIAM D, SHAWNEE MISSION, KS
BUSHELL, KRISTEN, OMAHA, NE
BUSKIRK MD, JAMES R, TOPEKA, KS
BUSTOS MD, JONAS G, HERINGTON, KS
BUTCHER MD, THOMAS P, EMPORIA, KS
BUTH MD, DENNIS K, WICHITA, KS
BUTH MD, DENNIS K, WICHITA, KS
BUTLER MD, CHARLES W, SHAWNEE MISSION, KS
BUTTER MD, CHARLES W, SHAWNEE MISSION, KS
BUTT MD, MUHAMMED, CLAY CENTER, KS
BYERS MD, JONELL, SALINA, KS
BYRAM MD, MELANIE S, COUNCIL GROVE, KS

C

CABRERA MD, ALBERT, MC PHERSON, KS
CABRERA MD, ANTHONY J, KANSAS CITY, KS
CABRERA MD, ARNOLD R, KANSAS CITY, KS
CACHIA MD, RICHARD M, TOPEKA, KS
CAEDO MD, CARMELITA D, LIBERAL, KS
CALBECK MD, JOHN, GARDEN CITY, KS
CALDERON MD, JAIME, KANSAS CITY, KS
CALKINS MD, JOHN W, KANSAS CITY, KS
CALKINS MD, JOHN W, KANSAS CITY, KS
CALKINS MD, LARRY L, SHAWNEE MISSION, KS
CAMPBELL MD, EDWARD G, EMPORIA, KS
CAMPBELL MD, EDWARD G, EMPORIA, KS
CAMPBELL MD, LINDA H, SHAWNEE MISSION, KS CAMPBELL MD, EDWARD G, EMPORIIA, KS
CAMPBELL MD, LINDA H, SHAWNEE MISSION, KS
CAMPBELL MD, ROBERT P, TOPEKA, KS
CAMPBELL MD, WILLIAM H, COFFEYVILLE, KS
CAMPION MD, MARY K, WICHITA, KS
CANNATA MD, GENE, GREENSBURG, KS
CANNON MD, MICHAEL W, WICHITA, KS
CAO MD, THAI H, KANSAS CITY, KS
CAPPER MD, STANLEY L, WICHITA, KS
CARABETTA MD, VITO J, OLATHE, KS
CARLILE MD, WILLIAM E, WICHITA, KS
CARLILE MD, WILLIAM E, WICHITA, KS
CARLIS MD, WILLIAM E, WICHITA, KS
CARLIS MD, WILLIAM E, WICHITA, KS CARLSON MD, EARL V, HAYS, KS
CARLSON MD, ERIC A, HUTCHINSON, KS
CARLSON MD, MARK D, PITTSBURG, KS
CARLSON MD, TERRY S, WICHITA, KS CARLSSON MD, E R, LINDSBORG, KS CARNEY MD, LISA A, TOPEKA, KS CARNEY MD, SUSAN M, SHAWNEE MISSION, KS CARPERTER MD, PAUL R, KANSAS CITY, KS CARPER MD, IVAN H, GARDEN CITY, KS CARPER MD, OWEN E, NEWTON, KS CARPINO MD, STEPHANIE SHEAR, SHAWNEE MISSION, KS
CARREAU MD, ERNEST P, CEDAREDGE, CO
CARRICO D O, JEROME M, BELOIT, KS
CARRIKER MD, CRISTINE G, SHAWNEE MISSION, KS
CARRO MD, ALBERTO F, WICHITA, KS
CARRO MD, ANTONIO L, MULVANE, KS CARRO MD, ANTONIO L, MULVANE, KS
CARVER MD, DEBORAH L, TOPEKA CITY, KS
CARVER MD, RONALD C, LUBBOCK, TX
CASADY MD, ROGER L, YORK, PA
CASEY MD, JAMES L, HUTCHINSON, KS
CASHMAN JR MD, MAURICE R, TOPEKA, KS
CASTEEL MD, CHARLES K, SHAWNEE MISSION, KS
CASTEEL MD, CHARLES K, SHAWNEE MISSION, KS
CASTEEN MD, JOHN A, TOPEKA, KS
CASTLEMAIN MD, BRIAN D, SHAWNEE MISSION, KS
CASTRISOS MD, JAMES C, WICHITA, KS
CATHACART-RAKE MD, WILLIAM F, SALINA, KS
CATHEY MD, ROBERT H, MANHATTAN, KS
CATTANEO MD, ERNEST A, SHAWNEE MISSION, KS
CATTANEO MD, CONTROL OF MICHITA, KS
CAUGHLIN MD, GERALD M, WICHITA, KS
CAUGHLIN MD, GERALD M, WICHITA, KS
CAVANAUGH MD, CLAIR J, GREAT BEND, KS CAVANAUGH MD, CLAIR J, GREAT BEND, KS
CAVANAUGH MD, TERRENCE J, GREAT BEND, KS
CAWLEY MD, LEO P, SCOTTSDALE, AZ
CECIL III MD, JOHN, SHAWNEE MISSION, KS
CEDENO MD, PHILIP A, PRATT, KS
CEDERLIND MD, CRANSTON JAY, SHAWNEE MISSION, KS CHAFFEE MD, BRYAN G, NEWTON, KS CHAFFEE MD, DEAN C, ABILENE, KS

CHAFFEE MD, TERRY L, KANSAS CITY, KS
CHALIAN MD, ALEXANDER R, KANSAS CITY, KS
CHALLA MD, SHEKHAR K, TOPEKA, KS
CHAMBERIN JR MD, CECIL R, PORTLAND, OR
CHANEY MD, ERNIE J, WICHITA, KS
CHANG MD, C H JOSEPH, KANSAS CITY, KS
CHANG MD, FREDERIC C, WICHITA, KS
CHAPMAN D O, THOMAS C, WICHITA, KS
CHAPMAN MD, RANDELL B, DERBY, KS
CHAPMAN MD, FREDERICK H, WICHITA, KS
CHAPMAN MD, FREDERICK H, WICHITA, KS
CHAVEZ MD, CARLOS A, HOLTON, KS
CHAVEZ MD, CARLOS A, HOLTON, KS
CHAVEZ MD, STEVE, WICHITA, KS
CHEN MD, EDWARD C, SHAWNEE MISSION, KS
CHEN MD, EDWARD C, SHAWNEE MISSION, KS
CHEN MD, TAK-MING, TOPEKA, KS
CHENG MD, KOON-LIM, KANSAS CITY, KS
CHENG MD, KOON-LIM, KANSAS CITY, KS
CHERNG MD, MAILY, WICHITA, KS
CHERRY JR MD, JAMES A, SHAWNEE MISSION, KS
CHERRY MD, JAMES A, SHAWNEE MISSION, KS
CHERRY MD, JAMES A, SHAWNEE MISSION, KS
CHERRY BMD, ARTHUR C, TOPEKA, KS
CHENG MD, KOON-LIM, KANSAS CITY, KS
CHEUNG MD, LAURENCE Y, KANSAS CITY, KS
CHEUNG MD, LAURENCE Y, KANSAS CITY, KS
CHIMD, LI-SUNG, WICHITA, KS
CHIMD, LI-SUNG, WICHITA, KS
CHIMD, JI-SUNG, WICHITA, KS
CHIMD, TOM D, KANSAS CITY, KS
CHIMD, TOM D, KANSAS CITY, KS
CHOM MD, SECHIN, WICHITA, KS
CHOM MD, SAMAN, WICHITA, KS
CHOM MD, SAMAN MR. KANSAS CITY, MO
CHRISTENSEN MD, BERT, NEODESHA, KS
CHAIK MD, LAURENCE A, WAMBGO, KS
CLARK MD, LAURENCE A, WAMBGO, KS
CLARK MD, CARL MD, CARL WICHITA, KS
CLARK MD, COURTNEY, WICHITA, KS
CLARK MD, COURTNEY, WICHITA, KS
CLARK MD, LAURENCE A, WAMEGO, KS
CLARK MD, LAURENCE A, WAMEGO, KS
CLARK MD, LAURENCE A, WAMEGO, KS
CLARK CHAFFEE MD, TERRY L, KANSAS CITY, KS CHALIAN MD, ALEXANDER R, KANSAS CITY, KS CHALLA MD, SHEKHAR K, TOPEKA, KS CLIFTON MD, H DAVID, WICHITA, KS
CLINE MD, BYRON W, WICHITA, KS
CLOUGH MD, JOHN A, KANSAS CITY, KS
COALE MD, LLOYD H, SHAWNEE MISSION, KS
COATES MD, SCOTT D, CHANUTE, KS
COATS MD, BARBARA S, WICHITA, KS
COBB MD, JEANNINE M, WICHITA, KS
COBB MD, LESLIE H, MULVANE, KS
COCHRAN MD, KIMBERLY A, OLATHE, KS
COHEN MD, JUSTIN T, WICHITA, KS
COHEN MD, LOUIS, TOPEKA, KS
COHEN MD, ROBERT A, SHAWNEE MISSION, KS
COHLMIA MD, JERRY B, WICHITA, KS
COKER MD, W LAURENCE, TOPEKA, KS COHLMIA MD, JERRY B, WICHITA, KS
COKER MD, W LAURENCE, TOPEKA, KS
COKINGTIN MD, CLIFTON D, SHAWNEE MISSION, KS
COLE MD, WARD M, WELLINGTON, KS
COLEMAN MD, GARY, ABILENE, KS
COLEMAN MD, THOMAS J, WICHITA, KS
COLEMAN MD, THOMAS J, WICHITA, KS
COLEY D O, MICHAEL E, EL DORADO, KS
COLIP MD, FLOYD M, NORTON, KS
COLIP MD, HOYD M, NORTON, KS
COLIER MD, HAROLD W, WICHITA, KS
COLLIER MD, HAROLD W, WICHITA, KS
COLLIER MD, DEAN T, TOPEKA, KS
COLLINS MD, EDWARD J, TOPEKA, KS
COLLINS MD, EDWARD J, TOPEKA, KS
COLYER MD, JEFFREY W, KANSAS CITY, MO
CONANT MD, FERRILL R, SMITH CENTER, KS
CONARD MD, CLAIR C, DODGE CITY, KS CONANT MD, MERRILL, DODGE CITY, KS
CONCANNON MD, CLAIR C, DODGE CITY, KS
CONCEPCION JR MD, EUGENIO S, WICHITA, KS
CONNER MD, BRIAN, SALINA, KS
CONNETT MD, BRADLEY D, OLATHE, KS

CONOVER MD, MARGARET A, TOPEKA, KS
CONROW MD, JEFFREY K, TOPEKA, KS
COOK DO, RANDY A, HAYS, KS
COOK MD, D RAY, WICHITA, KS
COOK MD, D RAY, WICHITA, KS
COOK MD, G EDWARD, WICHITA, KS
COOK MD, THEODORE R, LARNED, KS
COOKE MD, BRIAN D, KANSAS CITY, KS
COOLEY MD, DAVID A, SHAWNEE MISSION, KS
COOLEY MD, DENNIS M, TOPEKA, KS
COOLIDGE MD, THOMAS T, TOPEKA, KS
COOLIDGE MD, THOMAS T, TOPEKA, KS
COOMER MD, TYLER E, PITTSBURG, KS
COONER MD, SCOTT A, MANHATTAN, KS
COOPER MD, SCOTT A, MANHATTAN, KS
COOPER MD, AATHUR E, NORTON, KS
COOPER MD, LACTHY N, EL DORADO, KS
COOPER MD, JACK R, SHAWNEE MISSION, KS
COOPER MD, LACTHY N, EL DORADO, KS
COOPER MD, LACTHY N, EL DORADO, KS
COOPER MD, LACTHY N, CH DORADO, KS
COOPER MD, LACTHY N, CH DORADO, KS
COOPER MD, LEOF, DREXEL, MO
COOPER MD, LEOF, DREXEL, MO
COOPER MD, LEOF, DREXEL, MO
COOPER MD, HAL E, TOPEKA, KS
COPPLE JR MD, HAL E, TOPEKA, KS
CORDELL MD, LARRY D, SHAWNEE MISSION, KS
CORDELL MD, LARRY D, SHAWNEE MISSION, KS
CORNELL MD, EARL G, PARSONS, KS
CORNELL MD, EARL G, PARSONS, KS
CORNELL MD, EARL G, PARSONS, KS
CORNELL MD, JERROLD E, SALINA, KS
COSSETTE MD, JERROLD E, SALINA, KS
COSSETTE MD, JERROLD E, SALINA, KS
COSSETTE MD, JERROLD E, SALINA, KS
COSTELLO MD, J W, PRATT, KS
COSTELLO MD, J W, PRATT, KS
COSTELLO MD, THAYNE A, CLYDE, KS
COULTER MD, THOMAS B, SHAWNEE MISSION, KS
COVIET MD, THOMAS B, SHAWNEE MISSION, KS
COX MD, MICHAEL R, TOPEKA, KS
CRAIG MD, CHARLES C, NEWTON, KS
CRAIG MD, CHORALES C, NEWTON, KS
CRAIG MD, THOMAS A, JUINCTION CITY K CONOVER MD, MARGARET A, TOPEKA, KS COX MD, MICHAEL R, TOPEKA, KS
COX MD, MICHAEL R, TOPEKA, KS
COX MD, ROBERT H, HAYS, KS
CRADDOCK MD, TERRY M, WICHITA, KS
CRAIG MD, CHARLES C, NEWTON, KS
CRAIG MD, THOMAS A, JUNCTION CITY, KS
CRAM JR MD, OLE R, LARNED, KS
CRAM JR MD, OLE R, LARNED, KS
CRANE MD, CHARLES H, MANHATTAN, KS
CRANE MD, DAVID D, WICHITA, KS
CRARY MD, JOHN E, TOPEKA, KS
CREDITOR MD, MORTON C, SHAWNEE MISSION, KS
CREEK D O, ALAN D, SHAWNEE MISSION, KS
CRISP-LINDGREN MD, NAOMA, WICHITA, KS
CRONIN MD, DONALD J, WICHITA, KS
CROOK MD, DIANA R, WICHITA, KS
CROOK MD, DIANA R, WICHITA, KS
CROUCH MD, STEVEN W, TOPEKA, KS
CROUCH MD, WILLIAM H, TOPEKA, KS
CROW MD, ERNEST W, WICHITA, KS
CROWNEY MD, EDWARD X, WICHITA, KS
CROWNEY MD, EDWARD X, WICHITA, KS
CROWNEY MD, EDWARD X, WICHITA, KS
CULLAN MD, GEORGE E, HUTCHINSON, KS
CULLAN MD, SAMUEL K, KANSAS CITY, KS
CULVER D O, SONYA K, ERIE, KS
CULVER MD, WARREN T, LAWRENCE, KS
CUMMINGS MD, RICHARD J, WICHITA, KS
CUPTIS MD, JEFFERY L, TOPEKA, KS
CUPTIS MD, JEFFERY L, TOPEKA, KS
CVETKOVICH MD, LORNA L, WICHITA, KS
CZAPANSKY-BEILMAN MD, DESIREE, WICHITA, KS

D

D'SOUZA MD, BISMARCK C, SALINA, KS
DADKHAH MD, NADER, KANSAS CITY, KS
DAHL MD, DAVID C, KANSAS CITY, KS
DAILY MD, DONNA K, KANSAS CITY, KS
DAIZ MD, ANTONIO S, PARSONS, KS
DAKHIL MD, SHAKER R, WICHITA, KS
DALE MD, DENNIS M, KANSAS CITY, KS
DALENBERG MD, DALE D, LEAVENWORTH, KS
DAMMON JR MD, JAMES W, TOPEKA, KS
DANBY MD, JOHN H, WICHITA, KS
DANIELS MD, HERBERT A, KANSAS CITY, KS
DANIELS MD, ROBERT M, VALLEY CENTER, KS
DANIELS MD, ROBERT M, VALLEY CENTER, KS

DARABANT MD, TITUS E, JUNCTION CITY, KS DARABANT MD, TITUS E, JUNCTION CITY, KS
DARRAH MD, JOY N, WICHITA, KS
DAS MD, KRISHNA L, GARDEN CITY, KS
DATTILO MD, RAYMOND, TOPEKA, KS
DAUGHETY MD, TED W, TOPEKA, KS
DAVIA MD, JAMES E, SHAWNEE MISSION, KS
DAVIDSON D O, ALAN N, STERLING, KS
DAVIDSON MD, RANDY G, WICHITA, KS DAVIES MD, JONATHAN W R, BROADVIEW HEIGHTS, DAVIS MD, CHESTER R, TOPEKA, KS DAVIS MD, CHRISTOPHER G, KANSAS CITY, KS DAVIS MD, CHRISTOPHER G, KANSAS CITY, KS
DAVIS MD, DAVID R, EMPORIA, KS
DAVIS MD, DIRK B, KANSAS CITY, KS
DAVIS MD, MATTHEW F, SHAWNEE MISSION, KS
DAVIS MD, PAULA J, KANSAS CITY, KS
DAVIS MD, RICHARD E, KANSAS CITY, MO
DAVIS MD, RONALD B, WICHITA, KS DAVIS MD, W D, HUTCHINSON, KS DAVIS, KENT S, KANSAS CITY, KS DAVIS, MARTI RUE, SHAWNEE MISSION, KS DAVIS, MARTI RUE, SHAWNEE MISSION, KS
DAVISON MD, JOE D, WICHITA, KS
DAY MD, HOWARD, WICHITA, KS
DE ARMOND MD, LYNDA B, ARKANSAS CITY, KS
DE BOISE MD, DOUGLAS, WICHITA, KS
DE BOISE MD, DOUGLAS, WICHITA, KS
DE HART MD, ARTHUR DONIVA, WICHITA, KS
DE WITT MD, BARBARA L, WICHITA, KS
DEWITT MD, BARBARA L, WICHITA, KS
DEAN MD, DAVID P, WICHITA, KS
DEGNER MD, DONALD D, HALSTEAD, KS
DEGNER MD, JAMES C, WICHITA, KS
DEGNER MD, ROMAND, KANSAS CITY, MO
DELCORE MD, ROMANO, KANSAS CITY, KS
DELGADO MD, SERGIO, TOPEKA, KS
DELMORE MD, JAMES E, WICHITA, KS
DELMORE MD, JAMES E, WICHITA, KS
DELMORE MD, JAMES E, WICHITA, KS
DELMORE MD, ROBERT E, OLATHE, KS
DELMCZUK MD, ROXOLANA J, SHAWNEE MISSION DELPHIA MD, ROBERT E, OLATHE, KS
DEMCZUK MD, ROXOLANA J, SHAWNEE MISSION, KS
DEMOSS MD, ELEANOR P, WICHITA, KS
DEMOST MD, WAYNE R, KANSAS CITY, KS
DEMSKI MD, STANLEY L, HUTCHINSON, KS
DENISON MD, TERRY R, SHAWNEE MISSION, KS
DENNETT, MIKE A, KANSAS CITY, KS
DENNING MD, DALE P, LAWRENCE, KS
DENNING MD, DIANA F, WICHITA, KS
DENNING MD, PATRICIA M, LAWRENCE, KS
DENNING MD, DAVID T, SALINA, KS
DENNIS MD, MICHAEL W, SHAWNEE MISSION, KS
DEPENBUSCH MD, FRANCIS L, HUTCHINSON, KS DEPENBUSCH MD, FRANCIS L, HUTCHINSON, KS DEPEW MD, CLIFFORD S, WICHITA, KS DERKSEN DO, LARRY A, GODDARD, KS DERRINGTON MD, KENNETH L, SHAWNEE MISSION, DESAI MD, SAMIR R, TOPEKA, KS DETAR NEWBERT MD, LEANNE, BONNER SPRINGS, KS
DETURK MD, DWAYNE L, SALINA, KS
DEVINE MD, JOHN P, MANHATTAN, KS
DEVINE MD, ROBERT P, SHAWNEE MISSION, KS
DEVINS MD, GEORGE S, KANSAS CITY, MO DEVOSS MD, MARK R, WICHITA, KS
DEWITT MD, PETER, WICHITA, KS
DIALLO MD, GASTON I, LEAVENWORTH, KS
DIANO, MARCEL L, BREA, CA DIANO, MARGEL L, BREA, CA
DICK JR MD, HENRY J, EMPORIA, KS
DICK MD, WILLIS G, BAKERSFIELD, CA
DICKEY MD, SUSAN D, ROCHESTER, MN
DICKINSON MD, CHARLES R, COFFEYVILLE, KS DIEHL MD, ANTONI M, SHAWNEE MISSION, KS
DIENER MD, CLAYTON H, HESSTON, KS
DILL MD, RODNEY S, FORT SCOTT, KS
DILL MD, RODNEY S, FORT SCOTT, KS
DILLARD MD, SANDY R, WICHITA, KS
DILLON MD, STEVEN C, LAWRENCE, KS
DILLON MD, WILLIAM L, PARSONS, KS
DINGES MD, DAVID L, WICHITA, KS
DINSDALE MD, ROBERT C, LAWRENCE, KS
DISMUKE MD, S EDWARDS, WICHITA, KS
DOAN MD, TRINAH, WICHITA, KS
DOBBS MD, MICHAEL E, HUTCHINSON, KS
DOBBATZ MD, ROBERT J, SHAWNEE MISSION, KS
DOEBLIN MD, P LAURENCE, WICHITA, KS
DOEBLIN MD, P LAURENCE, WICHITA, KS
DOERRY MD, KAREN E, GREAT BEND, KS
DOLAN JR MD, PHILIP JARVIS, WICHITA, KS
DOMME JR MD, SYLVESTER A, WICHITA, KS DIEHL MD, ANTONI M, SHAWNEE MISSION, KS DOMME JR MD, SYLVESTER A, WICHITA, KS DONATELLE MD, EDWARD P, EDINA, MN DONEPUDI MD, RAO S, TOPEKA, KS DONNELL MD, JAMES M, WICHITA, KS DOORNBOS MD, DANIEL C, WICHITA, KS

DORN MD, CURTIS C, WICHITA, KS DORSCH MD, JOHN N, WICHITA, KS
DORSCH MD, JOHN N, WICHITA, KS
DORZAB MD, LINDA L, SHAWNEE MISSION, KS
DOSS MD, J RICHARD, HAYS, KS
DOUBEK MD, DEBRA L, MANHATTAN, KS
DOUBEK MD, HERBERT D, BELLEVILLE, KS
DOUTHIT MD, DOUGLAS D, WICHITA, KS DOWLATSHAHI MD, MORTEZA, SHAWNEE MISSION,

NS DOWNING MD, GREGORY C, WICHITA, KS DRAEMEL MD, H RICHARD, SALINA, KS DRAEMEL MD, H RICHARD, SALINA, KS DRAKE MD, CYNTHIA K, SHAWNEE MISSION, KS DRAKE MD, DOUGLAS J, BELOIT, KS DRAKE MD, DOUGLAS J, BELOIT, KS DRASIN MD, DENA K, SHAWNEE MISSION, KS DRAZEK MD, GEORGE, WICHITA, KS DRAZEK MD, JANE K, WICHITA, KS DREES, CHRISTINE A, KANSAS CITY, KS DREES, CHRISTINE A, KANSAS CITY, KS DREHER MD, HENRY S, SALINA, KS DREILING MD, ROGER J, SHAWNEE MISSION, KS DREVETS MD, CURTIS C, WICHITA, KS DI PUIS MD, JOHN G, WICHITA, KS DUCKETT II MD, THOMAS G, SHAWNEE MISSION, KS DUGKETT MD, THOMAS G, HIAWATHA, KS DUDGEON MD, MAUREEN, SHAWNEE MISSION, KS DUGAN MD, DAVID L, WICHITA, KS DUICK MD, GREGORY, WICHITA, KS DUICK MD, GREGORY, WICHITA, KS DUICK MD, CARLOS A, KANSAS CITY, KS DUNCAN MD, KIRK A, SHAWNEE MISSION, KS DUNCAN MD, KIRK A, SHAWNEE MISSION, KS DUNDEE MD, JOHN T, OTTAWA, KS DUNKIN, CHRISTOPHER L, SHAWNEE MISSION, KS DUNKIN, CHRISTOPHER L, SHAWNEE MISSION, KS DUNN MD, DANIEL R, SCOTT CITY, KS DUNN MD, ARROYN I, KANSAS CITY, KS DUNN MD, ANAVIN I, KANSAS CITY, KS DUNN MD, MARVIN I, KANSAS CITY, KS DUNN MD, MARVIN I, KANSAS CITY, KS DUNSHEE MD, CARLYLE M, FORT SCOTT, KS DUNSHEE MD, WILLIAM R, MANHATTAN, KS DURST M MD, ROBERT D, TOPEKA, KS DUTTON MD, KARRI D, INDEPENDENCE, KS DOWNING MD, GREGORY C, WICHITA, KS DURKEE MD, WILLIAM R, MANHATTAN, KS
DURST JR MD, ROBERT D, TOPEKA, KS
DUTTON MD, KARRI D, INDEPENDENCE, KS
DUYSAK MD, SAMI, LEAVENWORTH, KS
DYCK MD, ERIC L, OLATHE, KS
DYCK MD, GEORGE, WICHITA, KS
DYE MD, DIANNA P, INDIANAPOLIS, IN
DYSART MD, JACK C, STERLING, KS

E

EARLY MD, JAMES L, WICHITA, KS
EASTES MD, GARY D, HALSTEAD, KS
EATON MD, EDWARD L, TOPEKA, KS
EATON MD, LESLIE F, SALINA, KS
EBELING MD, JOHN D, TOPEKA, KS
ECKART MD, DE MERLE E, HUTCHINSON, KS
ECKERT BOWLING, CYNTHIA S, OMAHA, NE
EDALATI MD, DAVID, OTTAWA, KS
EDDS MD, BRECK A, TOPEKA, KS
EDDS MD, VICTOR M, HAYS, KS
EDELL, THOMAS A, SAN ANTONIO, TX
EDMONDS MD, MARTA J, GREAT BEND, KS EDMONDS MD, MARTA J, GREAT BEND, KS EDWARDS MD, DAVID J, EMPORIA, KS EDWARDS MD, MANIS C, WICHITA, KS EDWARDS-GARLAND MD, SHELLEY J, SHAWNEE EDWARDS-GARLAND MD, SHELLEY J, SHAWN MISSION, KS
EGBERT MD, ANNE M, WICHITA, KS
EGELHOF MD, RICHARD H, WICHITA, KS
EICHHORN MD, FRANK D, GARDEN CITY, KS
EINSPAHR MD, DAVID E, TOPEKA, KS
EKENGREN MD, FRANCIE H, WICHITA, KS
EKENGREN MD, HUGH I, WICHITA, KS EKENGREN MD, HUGH I, WICHITA, KS
EL-GHAZZAWY MD, ADEL G, ST LOUIS, MO
EL-SHIEKH MD, BRENDA, KANSAS CITY, KS
ELANGOVAN MD, SUDHA, WICHITA, KS
ELCOCK MD, DAVID G, SHAWNEE MISSION, KS
ELLIS D O, SCOTT A, PARSONS, KS
ELLIS MD, S CHRISTOPHER, SHAWNEE MISSION, KS
ELLIS MD, S CHRISTOPHER, SHAWNEE MISSION, KS ELLIS MD, S CHRISTOPHER, SHAWNEE MISSIO ELLIS MD, BOBBY J, INDEPENDENCE, KS ELLIS MD, HOWARD D, SHAWNEE MISSION, KS ELLIS MD, LAVELLE A, WICHITA, KS ELLISON MD, PAUL D, SALINA, KS ELSON MD, BRUCE C, WICHITA, KS EMAMI MD, ABBAS, KANSAS CITY, KS EMAMOTT MD, DAVID F, SHAWNEE MISSION, KS EMORY MD, JEFF, KANSAS CITY, KS

EMPSON MD, CHARLES L, INDEPENDENCE, KS EMPSON MID, WRAY, SHAWNEE MISSION, KS ENGELKEN MD, MICHAEL K, TOPEKA, KS ENGELKEN MD, SUSAN F, ONAGA, KS ENNS MD, EUGENE K, NEWTON, KS ENNS MD, JAMES H, LAS VEGAS, NV ENNS MD, JAMES H, LAS VEGAS, NV
ENOCH MD, ROLLAND K, WICHITA, KS
ENS MD, GERHARD G, HILLSBORO, KS
ENSROTH MD, KENNETH A, TOPEKA, KS
EPLEE MD, JOHN R, ATCHISON, KS
EPP MD, GALEN W, OLATHE, KS
ERENBERG MD, ALLEN, KANSAS CITY, KS
ERICKSON MD, KENT E, CLAY CENTER, KS ERICKSON MD, KENT E, CLAY CENTER, KS
ERNST MD, TARI MAE, WICHITA, KS
ESCH MD, JOHN G, ISLAND PARK, ID
ESRIG D O, HAROLD L, SHAWNEE MISSION, KS
ESTEP MD, THOMAS H, WICHITA, KS ESTES MD, NORMAN C, KANSAS CITY, KS ESTIVO D O, MICHAEL P, WICHITA, KS ESTRADA MD, EDMUNDO C, LIBERAL, KS ETZENHOUSER III MD, RUSSELL D, SHAWNEE MISSION, KS
EVANS MD, CAROL A, SHAWNEE MISSION, KS
EVANS MD, GENE H, WICHITA, KS
EVANS MD, JOHN F, TOPEKA, KS
EVANS MD, ROGER W, WICHITA, KS
EVANS MD, WILLIAM R, GREAT BEND, KS

EVANS, KIRSTEN E, KANSAS CITY, KS EWING, WENDY C, KANSAS CITY, KS EYSTER MD, ROBERT L, WICHITA, KS

F

FABIAN MD, CAROL J, KANSAS CITY, KS
FAERBER MD, THOMAS H, SHAWNEE MISSION, KS
FAHRENHOLTZ MD, RANDALL K, WICHITA, KS
FAIRCHILD MD, RICHARD S, TOPEKA, KS
FAJARDO MD, JEFFREY, WICHITA, KS
FALTER MD, RICHARD T, HUTCHINSON, KS
FARHA MD, AYHAM J, WICHITA, KS
FARHA MD, GEORGE J, WICHITA, KS
FARHA MD, SJIM, WICHITA, KS
FARHAT MD, ASSEM Z, WICHITA, KS
FARHAT MD, ASSEM Z, WICHITA, KS
FARMER III DO, F J, STAFFORD, KS
FARMER MD, SUSAN E, TOPEKA, KS
FARO MD, SEBASTIAN, KANSAS CITY, KS
FAST DO, JAMES I, HUTCHINSON, KS
FAST MD, GARY A, OSKALOOSA, IA
FAST MD, W SPENCER, ATCHISON, KS
FAULK MD, L CHRISTINE, WICHITA, KS FAULK MD, L CHRISTINE, WICHITA, KS FEAGAN MD, JERRY H, TOPEKA, KS FEAREY MD, ALAN J, WICHITA, KS FEEHAN MD, JOHN M, OLATHE, KS FEIFAREK MD, MICHAEL J, TOPEKA, KS FELDMEYER MD, SEELEY T, MEADE, KS FELT MD, SAMUEL E, WICHITA, KS FELT MD, SAMUEL E, WICHITA, KS
FENT II MD, LEE S, NEWTON, KS
FENT MD, LEE S, NEWTON, KS
FENTON MD, ROBERT M, GARDEN CITY, KS
FERGUSON DO, ELAINE L, SALINA, KS
FERNANDEZ MD, HECTOR O, WICHITA, KS
FERNANDEZ MD, LUIS A, LAKE WORTH, FL
FERREE MD, RICHARD A, MC PHERSON, KS
FERRIS MD, BRUCE G, WICHITA, KS
FESEN MD, MARK R, HUTCHINSON, KS
FEUILLE JR MD, EDMOND G, WICHITA, KS FEUILLE JR MD, EDMOND G, WICHITA, KS
FIELD MD, RICHARD A, TOPEKA, KS
FIELD-KRESIE MD, DEBBIE A, TOPEKA, KS
FIELD, CHARLES E, SHAWNEE MISSION, KS
FIELDS D O, STEPHEN, WICHITA, KS
FIELDS MD, GALEN W, MC PHERSON, KS
FIELDS MD, CARL W, GREAT BEND, KS
FINK MD, ABRAHAM A, FORT LAUDERDALE, FL
FINLEY MD, BRENT E, SHAWNEE MISSION, KS
FISCHER MD, KENNNETH A, KANSAS CITY, MO
FISCHER MD, REX R, MANHATTAN, KS
FISHER MD, JAMES B, COLORADO SPRINGS, CO
FISHER MD, REY, WICHITA, KS FISHER MD, RAY F, WICHITA, KS FITZGERALD DO, DAVID J, MARTINEZ, GA FITZGERALD MD, EDWARD J, WICHITA, KS FITZIG MD, SANFORD, WICHITA, KS FITZPATRICK HARRIS MD, PAMELA, SHAWNEE MISSION, KS FITZSIMMONS MD, CURTIS J, SHAWNEE MISSION, FLANDERS MD, H ALDEN, MC ALLEN, TX FLANNER MD, FRANK R, LEAVENWORTH, KS

FLATT MD, DAVID R, TOPEKA, KS

FLEMING MD, ROBERT H, WICHITA, KS FLEMMING MD, DONNA J, WICHITA, KS FLESKE MD, LEONARD T, GREAT BEND, KS FLOERSCH MD, HUBERT M, LAWRENCE, KS FLOWERS JR MD, CLELL B, WICHITA, KS FLUTER MD, GEORGE G, WICHITA, KS FLOWERS JR MD, GLEELE B, WICHITA, KS
FLYNN, THOMAS J, KANSAS CITY, KS
FORD MD, CHARLES R, WICHITA, KS
FORDYCE MD, NORMAN, EMPORIA, KS
FOREMAN D O, TOM D, CANEY, KS
FORED MD, WALTER, WICHITA, KS
FORSTER MD, JAMESON, KANSAS CITY, KS
FORSTIM MD, DAVID, LAWRENCE, KS
FOSS MD, DANIEL C, HUTCHINSON, KS
FOWLER MD, DENNIS L, OLATHE, KS
FOWLER MD, ROBERT J, WICHITA, KS
FOWLER MD, WAYNE L, CONCORDIA, KS
FOWLER MD, WAYNE L, CONCORDIA, KS
FOX MD, DEANNA K, KANSAS CITY, KS
FRANCIS MD, NORTON L, ALBUQUERQUE, NM
FRANCISCO MD, EDGARDO, HORTON, KS
FRANCISCO MD, EDGARDO, HORTON, KS
FRANCISCO MD, LINDA L, WICHITA, KS
FRANCISCO MD, WOAVID, KANSAS CITY, KS
FRANK MD, KENNETH J, TEMPLE, TX FRANCISCO MD, W DAVID, KANSAS CITY, KS
FRANK MD, KENNETH J, TEMPLE, TX
FRANK MD, MARY S, TOPEKA, KS
FRANKEL MD, SCOTT J, SHAWNEE MISSION, KS
FRANKLIN JR MD, BENJAMIN A, TOPEKA, KS
FRANSEN MD, PAUL H, HALSTEAD, KS
FREDRICKSON MD, DAVID P, WICHITA, KS
FREDRICKSON MD, DUANE E, LINDSBORG, KS FREDRICKSON, DANN J, KANSAS CITY, KS FREEBORN JR MD, WARREN S, CONCORDIA, KS FREEMAN MD, F GILES, PRATT, KS FREEMAN MD, FRED A, MANHATTAN, KS FREEMAN MD, F GILES, PRATT, KS
FREEMAN MD, FRED A, MANHATTAN, KS
FREEMAN MD, RAYMOND S, SALINA, KS
FRENCH MD, JAMES E, WICHITA, KS
FRENCH MD, JACOB K, SANTA FE, NM
FRESE MD, DANIEL R, COUNCIL GROVE, KS
FRIEDERICH MD, JEFFREY A, WICHITA, KS
FRIESEN MD, DALE, LAWRENCE, KS
FRIESEN MD, DOUGLAS A, HUTCHINSON, KS
FRIESEN MD, ORLANDO J, NORTH NEWTON, KS
FRIESEN MD, RICK W, PRATT, KS
FRIESEN MD, STANLEY R, SHAWNEE MISSION, KS
FRISEN MD, ERIC D, SHAWNEE MISSION, KS
FRITZ MD, DAVID P, INDIANAPOLIS, IN
FRITZE MD, MARK H, WICHITA, KS
FROMER MD, JOEL, WICHITA, KS
FROMER MD, JOEL, WICHITA, KS
FROMER MD, JOEL, WICHITA, KS
FRUECHTING MD, LYNNE A, NEWTON, KS
FRYE MD, DOUGLAS D, TOPEKA, KS
FUGATE MD, CARL L, BELOIT, KS
FULBRIGHT MD, THOMAS W, LAWRENCE, KS
FULLEN MD, JETYL G, SALINA, KS
FULKN MD, JETYL G, SALINA, KS

G

GABBARD MD, GLEN O, TOPEKA, KS
GABRIELLI JR MD, WILLIAM F, KANSAS CITY, KS
GAGE MD, BETSE M, SHAWNEE MISSION, KS
GALICHIA MD, JOSEPH P, WICHITA, KS
GALL MD, CLIFFORD M, KANSAS CITY, MO
GALLEHUGH MD, KEITH W, SPRING HILL, KS
GALVAN MD, ALONSO, WICHITA, KS
GANDHI MD, SHANTIKUMAR K, TOPEKA, KS
GANS MD, FREDERICK A, SALINA, KS
GARCIA MD, GOULD C, EMPORIA, KS
GARCIA MD, GUILLERMO O, DODGE CITY, KS
GARCIA-FERRER MD, FRANCISCO, SHAWNEE
MISSION, KS MISSION, KS MISSIUN, NS GARD MD, RAYMOND F, REDDING, CA GARDNER MD, J DOUGLAS, TOPEKA, KS GARDNER MD, JAMES D, MANHATTAN, KS GARDNER MD, JAMES D, MANHATTAN, KS
GARDNER MD, JARED J, WICHITA, KS
GARLOW MD, WILLIAM B, SALINA, KS
GARNER MD, STEVEN A, WICHITA, KS
GARNER, WILLIAM J, SHAWNEE MISSION, KS
GARRISON D O, KYLE D, KANSAS CITY, KS
GASTON D O, JERRY G, WICHITA, KS
GAUGHAN MD, MICHAEL J, SHAWNEE MISSION, KS
GAUGHAN MD, REBECCA N, OLATHE, KS
GAY MD, JOHN D. TOPEKA, KS GAY MD, JOHN D, TOPEKA, KS GEHRT MD, EARL B, CHANUTE, KS GEIS MD, DICK A, TOPEKA, KS

GEISLER MD, STEVEN R, ANDOVER, KS
GEIST MD, MICHAEL J, TOPEKA, KS
GEITZ MD, JAMES M, EMPORIA, KS
GEMPERLI MD, AMY W, SHAWNEE MISSION, KS
GENDEL MD, JOSEPH E, TOPEKA, KS
GENILO MD, CELESTE A, WICHITA, KS
GENTRY MD, JAMES H, DENVER, CO
GEORGE MD, EARL F, WICHITA, KS
GERJARUSAK MD, PRAPAS, SHAWNEE MISSION, KS
GERNON MD, CROSBY L, TOPEKA, KS
GERWICK MD, CHARLES L, SHAWNEE MISSION, KS
GERWICK MD, CHARLES L, SHAWNEE MISSION, KS
GETTLER MD, DEAN T, FORT SCOTT KS GETTLER MD, CHARLES L, SHAWNEE MISSION, K: GETTLER MD, DEAN T, FORT SCOTT, KS GIBBONS D O, DEBBIE R, WICHITA, KS GIBBONS MD, ROBERT T, SHAWNEE MISSION, KS GIBSON, STEPHANIE L, KANSAS CITY, KS GIESSEL MD, MICHAEL D, TOPEKA, KS GILBAUGH III MD, JAMES H, WICHITA, KS GILBERT II MD, JOHN H, GARDEN CITY, KS GILBERT II M. JOHN H, GARDEN CITY, KS GILHOUSEN MD, FREDERIC M, KANSAS CITY, KS GILLAN JR MD, DALE E, HUTCHINSON, KS GILLEN MD, BILLY A, SHAWNEE MISSION, KS GILLENWATER MD, DAVID T, GREAT BEND, KS GILLES MD, HELEN M, LAWRENCE, KS GILLETT MD, MARK L, SHAWNEE MISSION, KS GILLENWATER MD, DAVID T, GREAT BEND, KS
GILLES MD, HELEN M, LAWRENCE, KS
GILLETT MD, MARK L, SHAWNEE MISSION, KS
GILLETT MD, MARK L, SHAWNEE MISSION, KS
GILLETT MD, MARK L, SHAWNEE MISSION, KS
GIMPLE MD, KENNETH, TOPEKA, KS
GIMPLE MD, KENNETH, TOPEKA, KS
GIMOUX MD, GUY M, TOPEKA, KS
GIROUX MD, GUY M, TOPEKA, KS
GLEASON MD, JOSEPH R, KANSAS CITY, KS
GLEASON MD, JIMMIE A, TOPEKA, KS
GLEASON MD, JIMMIE A, TOPEKA, KS
GLEAN MD, JAMES N, EMPORIA, KS
GLENN MD, LYLE G, PROTECTION, KS
GLOVER II MD, RICHARD M, NEWTON, KS
GLOVER MD, RICHARD M, NEWTON, KS
GLOVER MD, RICHARD M, NEWTON, KS
GLOVER MD, BIRCHARD M, NEWTON, KS
GLOVER MD, BIRCHARD M, NEWTON, KS
GOPRING MD, BRAHIM A, PITTSBURG, KS
GOBAR MD, IBRAHIM A, PITTSBURG, KS
GOERING MD, BRAHIM A, KANSAS CITY, MO
GODWIN MD, PHILLIP A, LAWRENCE, KS
GOERING MD, DONALD D, COLDWATER, KS
GOERING MD, BML L, TOPEKA, KS
GOERING MD, BML L, TOPEKA, KS
GOERTZ MD, LEO R, SHAWNEE MISSION, KS
GOFF MD, MARCELUS A, CONCORDIA, KS
GOLDBERG MD, HERBERT R, WICHITA, KS
GOLDBERG MD, JOSEPH P, SHAWNEE MISSION, KS
GOLDBERG MD, JOSEPH P, SHAWNEE MISSION, KS
GOLDBERG MD, DONALD L, SHAWNEE MISSION, KS
GOLDSTEIN MD, GERALD L, SHAWNEE MISSION, KS
GOLLIER II MD, ROBERT A, OTTAWA, KS
GOLLIER II MD, ROBERT A, OTTAWA, KS
GOLLIER II MD, ROBERT A, OTTAWA, KS
GOLLIER MD, MODESTO S, PITTSBURG, KS
GOMEZ MD, HODESTO S, PITTSBURG, KS
GOMZALEZ MD, HIRAM, WICHITA, KS
GOMZALEZ MD, HIRAM, WICHITA, KS
GOOD MD, JAMES T, FORT SCOTT, KS
GOOD MD, MARY K, GODDARD, KS GOODWIN MD, JOHN A, SHAWNEE MISSION, KS GOODWIN MD, MARY K, GODDARD, KS GORACKE MD, DOUGLAS S, ATCHISON, KS GORDON MD, JAMES R, WICHITA, KS GORTON MD, MICHAEL E, KANSAS CITY, MO GORTON MD, MICHAEL E, KANSAS CITY, MO
GOTO MD, HIROSHI, KANSAS CITY, KS
GOULD MD, JILL C, TOPEKA, KS
GOYLE MD, KRISHAN K, WICHITA, KS
GOYLE MD, VIMAL, WICHITA, KS
GRABAU MD, GUY M, WICHITA, KS
GRABAU MD, GUY M, WICHITA, KS
GRACE MD, CAROL A, SHAWNEE MISSION, KS
GRADY D O, TIMOTHY P, WICHITA, KS
GRAESSLE D O, DONNA M, SHAWNEE MISSION, KS
GRAHAM JR MD, ARNOLD R, CHICAGO, IL
GRAHAM MD, BRUCE D, SHAWNEE MISSION, KS
GRAHAM MD, JROBERT, KANSAS CITY, MO
GRAHAM MD, KENNETH L, LANSING, KS GRAHAM MD, KENNETH L, LANSING, KS
GRAHAM MD, KENNETH L, LANSING, KS
GRANT MD, MICHAEL D, SALINA, KS
GRANT MD, MICHAEL E, WICHITA, KS
GRANTHAM MD, HERBERT G, FORT SCOTT, KS GRANTHAM MD, HERBERT G, FORT SCOTT, KS
GRANTHAM MD, JARED J, KANSAS CITY, KS
GRASHOFF MD, JOYCE A, SHAWNEE MISSION, KS
GRATNY, LINDA L, LEAVENWORTH, KS
GRAUEL MD, CHARLES W, WICHITA, KS
GRAVES MD, KATHRYN, HUTCHINSON, KS
GRAY MD, C K, SHAWNEE MISSION, KS
GRAY MD, APRIL K, KANSAS CITY, KS
GRAY MD, C LUCIEN, WICHITA, KS
GRAY MD, H TOM WICHITA KS GRAY MD, H TOM, WICHITA, KS

GRAYIB MD, ANTOINE S, TOPEKA, KS
GREATHOUSE MD, ALETA B, WICHITA, KS
GREEN MD, JUSTIN L, KANSAS CITY, MO
GREENBERG MD, GEORGE E, DODGE CITY, KS
GREENBERG MD, MARK G, TOPEKA, KS
GREENERGER MD, N J, KANSAS CITY, KS
GREENE MD, LAWRENCE S, KANSAS CITY, KS
GREENE MD, RUSSELL E, TOPEKA, KS
GREENFIELD MD, MICHAEL A, SHAWNEE MISSION,

KS
GREENWOOD MD, JAMES F, GARDEN CITY, KS
GREENWOOD MD, MELANIE A, WICHITA, KS
GREER MD, JAMES A, WICHITA, KS
GREINGER MD, BART A, WICHITA, KS
GREINE MD, ROBERT BRUCE, WICHITA, KS
GREY, CURTIS E, KANSAS CITY, KS
GRIFFITH MD, FRANK H, SALINA, KS
GRILLOT MD, FLOYD B, PALM HARBOR, FL
GRIMALDI MD, GARY A, PITTSBURG, KS
GRIMES MD, I ROSS, LIBERAL, KS
GRIMES MD, JAMES T, LYONS, KS
GRINDEL DO, STEPHEN J, WICHITA, KS
GRINDEL DO, STEPHEN J, WICHITA, KS
GRINDEL DO, STEPHEN J, WICHITA, KS
GRISOLIA MD, ANDRES, LEAVENWORTH, KS
GRISOLIA MD, ANDRES, LEAVENWORTH, KS
GROSS MD, BAIAN M, WICHITA, KS
GROSSER MD, DAVID M, SHAWNEE MISSION, KS
GRUENDEL MD, RICHARD A, KANSAS CITY, KS
GRUENDEL MD, RICHARD A, KANSAS CITY, KS
GRUENDEL MD, VIRGINIA T, KANSAS CITY, KS

KS
GRUSHNYS MD, ARNOLD, WICHITA, KS
GUNDERSEN, KARL R, WICHITA, KS
GUNDA MD, MARVIN R, SALINA, KS
GUPTA MD, GANESH G, WICHITA, KS
GURLEY, DANIEL J, SHAWNEE MISSION, KS
GUTHRIE MD, RICHARD A, WICHITA, KS
GUTOVITZ MD, ALLEN L, TOPEKA, KS
GUTTIKONDA MD, PRASAD B, WARREN, OH

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HABASHY MD, SHAWKY N F, WICHITA, KS
HACKER MD, DAVID C, SHAWNEE MISSION, KS
HACKER MD, ELAINE M, TOPEKA, KS
HADDENHORST MD, ANN M, KANSAS CITY, KS
HADLEY MD, DELMONT C, OTTAWA, KS
HAFFNER MD, WILLIAM N, EL DORADO, KS
HAGAN MD, C THOMAS, WICHITA, KS
HAGAN MD, FRANCIS J, WICHITA, KS
HAGAN MD, FRANCIS J, WICHITA, KS
HAGAN MD, FRANCIS J, WICHITA, KS
HAGAN MD, STEPHEN F, WICHITA, KS
HAGGAN MD, MARGARET E, LAWRENCE, KS
HAGGERTY III MD PHD, JESSE C, TOPEKA, KS
HAGGAN MD, JOSEPH E, WICHITA, KS
HALE MD, RALPH, HUTCHINSON, KS
HALE, ARTHUR E, KANSAS CITY, KS
HALL D O, RALPH W, FORT SCOTT, KS
HALL MD, KIM M, SALINA, KS
HALL MD, KIM M, SALINA, KS
HALL MD, KOREN, WICHITA, KS
HALL MD, WESLEY H, GIRARD, KS
HALL MD, WESLEY H, GIRARD, KS
HALLER MD, CHRIS C, LEAVENWORTH, KS
HALLER MD, CHRIS C, LEAVENWORTH, KS
HALLER MD, CHRIS C, LEAVENWORTH, KS
HALLEY MD, M MARTIN, TOPEKA, KS
HALLING MD, L WILLIAM, COLORADO SPRINGS, CO
HALLOCK, EDGAR A, KANSAS CITY, KS
HALLION, GREGORY L, JUNCTION CITY, KS
HAMILTON MD, DEBORAH K, WICHITA, KS
HAMILTON MD, DEBORAH K, WICHITA, KS
HAMILTON MD, DEBORAH K, WICHITA, KS
HAMILTON MD, JAMES J, TOPEKA, KS
HAMILTON MD, JAMES J, WAKEENEY, KS
HAMM MD, ORVAL L, NEWTON, KS
HAMM MD, CHAN S, COFFEYVILLE, KS
HAMN MD, CHAN S, COFFEYVILLE, KS
HAND, KIRK A, SHAWNEE MISSION, KS
HAND M, KEVIN G, SALINA, KS
HAND CHAN S, COFFEYVILLE, KS
HAND MD, KIRK A, SHAWNEE MISSION, KS
HAND M, CHAN S, COFFEYVILLE, KS
HANCOCK MD, DANIEL E, MANHATTAN, KS
HANDS MD, SEBEL V, AMARILLO, TX
HANSEN MD, ERIC E, TOPEKA, KS

HANSEN MD, FRANK W, GARDEN CITY, KS
HANSON MD, DAVID C, SOUTH HUTCHINSON, KS
HANSON MD, E JEROME, KANSAS CITY, MO
HARA MD, GLENN S, KANSAS CITY, KS
HARBIN MD, GARY L, SALINA, KS
HARD MD, BENJAMIN F, SHAWNEE MISSION, KS
HARDIN MD, CREIGHTON A, SHAWNEE MISSION, KS
HARDING MD, PHYLLIS M, DODGE CITY, KS HARMS MD, EDWIN M, NORTH NEWTON, KS HARMS MD, WILMER A, NORTH NEWTON, KS HARRINGTON MD, ELAINE M, WICHITA, KS HARRIS DO, TIMOTHY P, EMPORIA, KS HARRINGTON MD, ELAINE M, WICHITA, KS
HARRIS DO, TIMOTHY P, EMPORIA, KS
HARRIS DO, J SCOTT, WICHITA, KS
HARRIS MD, D, CLAIB B, GARNETT, KS
HARRIS MD, BRYAN D, GOLETA, CA
HARRIS MD, FRANK H, WICHITA, KS
HARRIS MD, HANNY W, SHAWNEE MISSION, KS
HARRIS MD, LANNY W, SHAWNEE MISSION, KS
HARRIS MD, NORMAN R, CLEARWATER, FL
HARRIS MD, PATRICIA A, TOPEKA, KS
HARTISON MD, PAUL B, WICHITA, KS
HART MD, DILLIS L, WICHITA, KS
HART MD, JOHN J, WICHITA, KS
HART MD, KELLY Z, KANSAS CITY, KS
HART MD, LAWRENCE E, ATCHISON, KS
HARTLEY MD, FOUNT K, WICHITA, KS
HARTLEY MD, FOUNT K, WICHITA, KS
HARTLEY MD, JAMES M, WICHITA, KS
HARTMAN MD, GERALD V, SHAWNEE MISSION, KS
HARTMAN MD, GERALD V, SHAWNEE MISSION, KS
HARTMAN MD, ROGER L, NORTON, KS
HARTWELL MD, RICK M, WICHITA, KS
HARTWAL MD, KIMBERLY, WICHITA, KS
HARTWELL MD, KIMBERLY, WICHITA, KS
HARTWELL MD, KIMBERLY, WICHITA, KS
HARTWELL MD, RICK L, WICHITA, KS
HARTWELL MD, RICK L, WICHITA, KS
HARTWELL MD, RICK L, WICHITA, KS
HARTY MD, JEAN R, SHAWNEE MISSION, KS
HARTY MD, JEAN R, SHAWNEE MISSION, KS
HARTY MD, B CI AY, TOPEKA, KS HARVEY MD, BRUCE E, TOPEKA, KS HARVEY MD, R CLAY, TOPEKA, KS HARVEY MD, ROSEMARY B, WICHITA, KS HARWOOD MD, CLAUDE J, GLASCO, KS HARWOOD MD, MICHAEL R, KANSAS CITY, KS HASKINS MD, ROBERT J, WICHITA, KS HASSAN MD, RIZWAN U, WICHITA, KS HASSAN MD, RIZWAN U, WICHITA, KS
HASSELLE III MD, JAMES E, LAWRENCE, KS
HASSLER MD, RANDY D, SALINA, KS
HASTINGS MD, GLEN E, WICHITA, KS
HATCHER MD, ELIZABETH R, TOPEKA, KS
HATESOHL MD, STANLEY M, CLAY CENTER, KS
HATFIELD MD, ALLYSON A, WICHITA, KS
HATHAWAY MD, PETER, KANSAS CITY, MO
HATTON MD, DONALD W, LAWRENCE, KS
HAUN MD, RUDY T, MANHATTAN, KS
HAUN MD, RUDY T, MANHATTAN, KS
HAUSHEER, MICHELLE R, WICHITA, KS
HAVERKAMP MD, KENT D, CARBONDALE, KS
HAVEY MD, DAVID, HALSTEAD, KS
HAWKINS MD, JOHN W, SHAWNEE MISSION, KS
HAWLEY MD, RAYMOND G, WICHITA, KS
HAY MD, JAMES R, WICHITA, KS HAY MD, JAMES R, WICHITA, KS HAYES MD, J EDWARD, BOISE, ID HAYES MD, KRIS A, HIAWATHA, KS HAYES MD, WILLIAM L, WICHITA, KS HAYNES MD, DEBORAH G, WICHITA, KS HAYNES MD, DEBORAH G, WICHITA, KS
HEALY MD, PATRICK M, WICHITA, KS
HEASTY MD, ROBERT G, MANHATTAN, KS
HEBBAR MD, SATYA N, TOPEKA, KS
HEDDEN MD, RICHARD J, ALEXANDRIA, LA
HEDBEGAARD MD, CHERYL K, TOPEKA, KS
HEDRICK MD, KENNETH E, HUTCHINSON, KS
HEBB MD, CAMILLE S, TOPEKA, KS
HEEB MD, JON J, SHAWNEE MISSION, KS
HEGEMAN MD, ROBERT B, KANSAS CITY, KS
HEIN MD, DANIEL J, SMITH CENTER, KS
HEINRICHS MD, DANIEL J, NEWTON, KS
HEIT MD, J ANTHONY, SHAWNEE MISSION, KS
HELLMAN MD, WESLEY D, WICHITA, KS
HELLMAN MD, DAVID W, WICHITA, KS
HELLMAN MD, AMPLEY D, WICHITA, KS
HELLMAN MD, MSHEYL R, SHAWNEE MISSION, KS
HEMMEN, SHERYL R, ANDALE, KS
HENDRICK, JAMES D, KANSAS CITY, KS
HENNING JR MD, HAROLD J, MANHATTAN, KS
HENNING JR MD, HAROLD J, MANHATTAN, KS
HENNING MD, CALVIN W, OTTAWA, KS HENNING JR MD, HAROLD J, MANHATTAN, KS
HENNING MD, CALVIN W, OTTAWA, KS
HENRY MD, JOSEPH E, SHAWNEE MISSION, KS
HENSEL JR MD, JOHN M, KANSAS CITY, MO
HENWOOD MD, JOHN M, WICHITA, KS
HERBOLD MD, DAVID R, WICHITA, KS
HERED MD, JOHN, WICHITA, KS
HERMECK MD, ARLO S, KANSAS CITY, KS
HERMECK MD, ARLO S, KANSAS CITY, KS HERRON MD, KRISTINE G, SHAWNEE MISSION, KS HERSHORN MD, SIMON E, WICHITA, KS

HESS MD, KATRINA M, SALINA, KS HESS MD, STEVEN J, SHAWNEE MISSION, KS HESSE MD, JAMES F, WICHITA, KS HESSER MD, HERBERT H, SHAWNEE MISSION, KS HETT MD, EDWARD J, WICHITA, KS HETTINGER MD, MICHAEL E, SHAWNEE MISSION, KS HETTINGER MD, MICHAEL E, SHAWNEE MISSION, HEYER, JENNINE M, WICHITA, KS HICKS JR MD, THOMAS E, EMPORIA, KS HICKS MD, SARA A, SHAWNEE MISSION, KS HICKS, KEITH V, KANSAS CITY, KS HIEBERT MD, DAVID L, LAWRENCE, KS HIEBERT MD, JOHN B, LAWRENCE, KS HIEBERT MD, JOHN M, KANSAS CITY, KS HIESTERMAN MD, HERMAN W, QUINTER, KS HIGGINBOTHAM MD, DENNIS G, OLATHE, KS HIGGINGHT MD, JAMES E, SHAWNEE MISSION, KS HILD MD PETER B, KANSAS CITY, KS HILD MD, PETER G, KANSAS CITY, KS HILD MD, ME IER G, KANSAS CITY, KS
HILGER MD, MARK A, WICHITA, KS
HILL MD, JAMES E, ARKANSAS CITY, KS
HILL MD, LARY M, WICHITA, KS
HILL MD, RICHARD H, MEADE, KS
HILL MD, ROBERT N, TOPEKA, KS
HILL MD, RODNEY W, SHAWNEE MISSION, KS HILL MD, RODNEY W, SHAWNEE MISSION, KS
HINKIN MD, DOUGLAS P, MANHATTAN, KS
HINSHAW JR MD, CHARLES T, WICHITA, KS
HINTHORN MD, DANIEL R, KANSAS CITY, KS
HIRSCHBERG MD, J COTTER, TOPEKA, KS
HISZCZYNSKYJ MD, ROMAN, TOPEKA, KS
HITCHCOCK MD, C THOMAS, SHAWNEE MISSION, KS
HITE MD, PAMELA R, KANSAS CITY, KS HITE MD, PAMELA R, KANSAS CITY, KS
HIZON MD, RAMON R, WICHITA, KS
HO MD, TEH I, WICHITA, KS
HOADLEY MD, WILLIAM D, KANSAS CITY, KS
HOBSON MD, DONALD D, TOPEKA, KS
HOBSON MD, MILBURN W, SHAWNEE MISSION, KS
HODGES MD, MERLE A, SALINA, KS
HODGES MD, MERLE J, SALINA, KS HODGES MD, MERLE J, SALINA, KS
HODGES, JASON L, KANSAS CITY, KS
HODGES, PETER T, SHAWNEE MISSION, KS
HODGSON MD, DAVID K, WASHINGTON, KS
HODSON MD, DON W, MARION, KS
HODSON MD, HERVEY R, WICHITA, KS
HOFFER MD, JOHN G, RAYMORE, MO
HOFFMAN MD, J PHILLIP, LAWRENCE, KS
HOLCOMB MD, MURRAY A, LAWRENCE, KS
HOLCOMB MD, MURRAY A, HUTCHINSON, KS
HOLDCRAFT MD, JACQUELYNE, KANSAS CITY, KS HOLDEN JR MD, RAYMOND F, WICHITA, KS HOLDERMAN MD, WALLACE D, HUTCHINSON, KS HOLIDAY MD, ALLAN, MANHATTAN, KS HOLLDAY MD, FRANK P, KANSAS CITY, KS
HOLLADAY MD, KENNETH R, EUDORA, KS
HOLLS MD, KENNETH W, ALVIN, TX
HOLLOWAY MD, KELLY D, WICHITA, KS
HOLLOWAY MD, KELLY D, WICHITA, KS HOLMAN MD, JON B, OLATHE, KS HOLMES MD, FREDERICK F, KANSAS CITY, KS HOLMES MD, GRACE E, KANSAS CITY, KS HOLMES MD, GRACE E, KANSAS CITY, KS HOLMES MD, JED D, WICHITA, KS HOLMES MD, ROBERT W, TOPEKA, KS HOLSCHER MD, MARK R, PAOLA, KS HOLSINGER MD, DONALD M, PITTSBURG, KS HOLT MD, JOHN M, WICHITA, KS HOLT MD, ROBERT E, BELLEVILLE, KS HOLWEGER MD, RONALD, HAYS, KS HOOD MD, ROGER W, SHAWNEE MISSION, KS HOOFER MD, WILFORD D, HALSTEAD, KS HOOPES MD, PHILLIP C, SHAWNEE MISSION, KS HOOVER MD, LARRY A, KANSAS CITY, KS HOPKINS JR MD, B MORRISON, SCOTT CITY, KS HOPKINS JH MD, B MOHRISON, SCOTT CITY, KS HOPKINS MD, JAMES P, KANSAS CITY, MO HOPKINS MD, KATHY S, SHAWNEE MISSION, KS HOPKINS MD, LENLY, SHAWNEE MISSION, KS HOPKINS MD, WILLIAM O, SHAWNEE MISSION, KS HOPPINS MD, WILLIAM O, SHAWNEE MISSION, KS HOPPOCK MD, KEVIN C, WICHITA, KS HORBELT MD, DOUGLAS V, WICHITA, KS HORNBAKER MD, STANLEY D, CARBONDALE, KS HORNIG MD, GREGORY W, KANSAS CITY, MO HORNUNG MD, JOEL E, COUNCIL GROVE, KS HORTON MD, GREG A, SHAWNEE MISSION, KS HORTON MD, GREG A, SHAWNEE MISSION, KS
HOSTETLER MD, ROBERT W, DODGE CITY, KS
HOSTETTER MD, M MORGAN, TOPEKA, KS
HOSTETTER MD, PHILIP H, MANHATTAN, KS
HOUSE MD, R E, SALINA, KS
HOUSHOLDER MD, DANIEL F, WICHITA, KS
HOUSHOLDER MD, MARTHA S, WICHITA, KS
HOUSHOLDER MD, MARTHA S, WICHITA, KS HOUSTON II MD, LAWRENCE MORLEY, SHAWNEE MISSION, KS HOVORKA MD, JOHN W, TOPEKA, KS HOWARD MD, DONALD O, WICHITA, KS HOWARD MD, MARSEEA H, KANSAS CITY, KS

HOWELL MD, BARBARA J, EMPORIA, KS
HOWERTER JR MD, BERNARD E, COFFEYVILLE, KS
HOWERTER JR MD, BERNARD E, COFFEYVILLE, KS
HOWERTER JR MD, BERNARD E, COFFEYVILLE, KS
HOYT MD, ARTHUR W, TOPEKA, KS
HSIEH, TSENG T, KANSAS CITY, KS
HSU MD, CHENG H, TOPEKA, KS
HSU MD, CHENG H, TOPEKA, KS
HUANG MD, JONSON, TOPEKA, KS
HUANG MD, JONSON, TOPEKA, KS
HUANG MD, JONSON, TOPEKA, KS
HUBGINS, MARIANNE B, SHAWNEE MISSION, KS
HUDSON MD, ROBERT P, OLATHE, KS
HUEBRER MD, KORY D, WICHITA, KS
HUEBRER MD, ROBERT STEPHAN, PITTSBURG, KS
HUERTER MD, DAVID F, PITTSBURG, KS
HUERTER MD, DAVID F, PITTSBURG, KS
HUERTER MD, DAVID M, PILLYANE, KS
HUEGETT MD, WILLIAM L, TOPEKA, KS
HUEGET MD, WILLIAM L, TOPEKA, KS
HUGHES DO, STEVEN R, WICHITA, KS
HUGHES MD, JOHN D, ATLANTA, GA
HULL MD, LUELLEN, KANSAS CITY, KS
HUMMER MD, LLOYD M, WICHITA, KS
HUMMER MD, LOYD M, WICHITA, KS
HUND MD, LARRY R, WICHITA, KS
HUNNBERGER DO, TERRY R, GARDEN CITY, KS
HUNNELER MD, PONALD, WICHITA, KS
HUNNERAKE MD, RONALD, WICHITA, KS
HUNNERAKE MD, RONALD, WICHITA, KS
HUNTER MD, E DIANN, LIBERAL, KS
HUNTER MD, FORETT F, WICHITA, KS
HUSEMAN MD, RICHARD A, SHAWNEE MISSION, KS
HUSER MD, PAUL W, ROSE HILL, KS
HUSTON MD, FRANCIS W, WICHITA, KS
HUSTON MD, FRANCIS W, WICHITA, KS
HUTCHINSON MD, STEVEN A, WICHITA, KS
HUTCHINSON MD, GER C, HAYS, KS
HUTCHISON MD, GER, LEBO, KS
HUTCHISON MD, MICHAEL C, KANSAS CITY, KS
HUTCHISON MD, MICHAEL C, KANSAS CITY, KS
HUTCHISON MD, AND R, WICHITA, KS
HUYCKE MD, EDWARD, WICHITA, KS
HYNES MD, HENRY E, WICHITA, KS
HYNES MD, HENRY E, WICHITA, KS

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IBARRA MD, J LUIS, WICHITA, KS
IBARRA MD, RICHARD C, KANSAS CITY, KS
IDBEIS MD, BADR, WICHITA, KS
ILORETA MD, ALFREDO T, TOPEKA, KS
IMSEIS MD, MIKHAIL Y, NESS CITY, KS
INDECK MD, MARGARET N, WICHITA, KS
INDECK MD, MARGARET N, WICHITA, KS
INGHAM JR MD, H LAIRD, LAWRENCE, KS
INGRAM MD, JOHN E, KANSAS CITY, KS
INNES MD, ROBERT C, SHAWNEE MISSION, KS
IBBY MD, PRATT, FORT SCOTT, KS
IRWIN, DOUGLAS G, SHAWNEE MISSION, KS
ISAAC MD, CHARLES A, NEWTON, KS
ISAAC MD, STEVEN R, FORT SCOTT, KS
ISAACSON MD, RICHARD N, TOPEKA, KS
ISSINGHOFF MD, CHAD J, HUTCHINSON, KS
IWAY MD, BELIND D, ELKHART, KS

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JABEL MD, JUVENAL T, SATANTA, KS
JACKSON JR MD, DONALD H, TOPEKA, KS
JACKSON MD, CHARLES R, WICHITA, KS
JACKSON MD, MICHAEL D, GARDEN CITY, KS
JACKSON MD, MICHAEL B, WICHITA, KS
JACKSON MD, ROBERT V, SHAWNEE MISSION, KS
JACKSON MD, THOMAS M, PAOLA, KS
JACKSON MD, VICTOR L, ALTAMONT, KS
JACOB MD, KANNAMPALLY L, WICHITA, KS
JACOB MD, KANNAMPALLY L, WICHITA, KS
JACOB MD, BERA L, WINSTON SALEM, NC
JACOBS MD, DAVID S, SHAWNEE MISSION, KS
JACOBS, TOMAYO S, KANSAS CITY, KS
JACOBY II MD, ROBERT E, TOPEKA, KS
JADHAV MD, KISHOR B, WICHITA, KS
JAHANIAN MD, DARYOUSH, KANSAS CITY, KS

JAMES MD, DONALD L, WICHITA, KS JAMES MD, PHILIP C, WICHITA, KS JANES MD, DONALD R, GARNETT, KS JANSSON MD, KENNETH A, WICHITA, KS
JANSSON MD, KENNETH A, WICHITA, KS
JANZEN MD, JONATHAN W, NEWTON, KS
JANZEN MD, KIMBERLY J, WICHITA, KS
JARROTT MD, JOHN B, HUTCHINSON, KS
JARNIS, CHRISTOPHER D, SHAWNEE MISSION, KS
JASTER MD, PAUL J, SALINA, KS JAYAKUMAR MD, VIMALA, KANSAS CITY, KS JAYARAM MD, MARANDAPALLI R, KANSAS CITY, KS JECHA MD, LARRY D, WICHITA, KS JEHAN MD, SAYED S, WICHITA, KS JEHAN MD, SAYED S, WICHITA, KS
JENNEY MD, CHARLES B, WICHITA, KS
JENSEN JR MD, JOHN T, WICHITA, KS
JENSEN MD, ROBERT D, TOPEKA, KS
JENSEN MD, ROBERT D, TOPEKA, KS
JENSEN MD, THOMAS M, OLATHE, KS
JERKOVICH MD, GEORGE S, SALINA, KS
JETER MD, JOHN, KANSAS CITY, KS
JEWELL MD, WILLIAM R, KANSAS CITY, KS
JOHANNING, JASON M, SHAWNEE MISSION, KS
JOHNSON MD, BRIAN A, WICHITA, KS
JOHNSON MD, CAROLYN K, WICHITA, KS
JOHNSON MD, CAROLYN K, WICHITA, KS
JOHNSON MD, CAROLYN N, LAWRENCE, KS
JOHNSON MD, CAROLYN N, LAWRENCE, KS
JOHNSON MD, CAFOLD, BONNER SPRINGS, KS
JOHNSON MD, CYNDA A, KANSAS CITY, KS JOHNSON MD, CLIFFORD D, BONNER SPRINGS, JOHNSON MD, CYNDA A, KANSAS CITY, KS
JOHNSON MD, DAVID B, KANSAS CITY, KS
JOHNSON MD, DAVID B, WICHITA, KS
JOHNSON MD, GEORGE K, WICHITA, KS
JOHNSON MD, HOWELL D, DODGE CITY, KS
JOHNSON MD, J CHRIS, SHAWNEE MISSION, KS JOHNSON MD, J RICHARD, MC PHERSON, KS JOHNSON MD, JOHN E, SHAWNEE MISSION, KS JOHNSON MD, MATTHEW S, WICHITA, KS JOHNSON MD, MILLARD E, WICHITA, KS JOHNSON MD, PAMELA M, SHAWNEE MISSION, KS JOHNSON MD, PAUL D, LEAVENWORTH, KS JOHNSON MD, RANDLE C, HUTCHINSON, KS JOHNSON MD, STEPHANIE E, SHAWNEE MISSION, KS JOHNSON MD, TERESA F, WINFIELD, KS JOHNSON MD, TERESA K, WICHITA, KS JOHNSON MD, THOMAS E, WICHITA, KS JOHNSON-GIANNOPOULOS MD. NADINE, KANSAS CITY, KS JOHNSTON MD, SARAH C, WICHITA, KS JONES MD, CHARLES E, SHAWNEE MISSION, KS JONES MD, CLIFTON C, TOPEKA, KS JONES MD, EDWARD L, GREAT BEND, KS JONES MD, CLIFTON C, TOPEKA, KS
JONES MD, EDWARD L, GREAT BEND, KS
JONES MD, H PENFIELD, LAWRENCE, KS
JONES MD, H PENFIELD, LAWRENCE, KS
JONES MD, JANA D, LANSING, KS
JONES MD, JON K, WICHITA, KS
JONES MD, JON K, WICHITA, KS
JONES MD, MICHAEL P, ATCHISON, KS
JONES MD, RODNEY L, WICHITA, KS
JONES MD, RODNEY L, WICHITA, KS
JONES MD, RODNEY L, WICHITA, KS
JONES MD, WILLIAM T, MANHATTAN, KS
JONES MD, WILLIAM T, MANHATTAN, KS
JONES MD, WILLIAM T, MANHATTAN, KS
JORGENSEN D O, WILLIAM A, LEAVENWORTH, KS
JOSEPH JM MD, JAMES, WICHITA, KS
JOSEPH MD, HOWARD F, LAWRENCE, KS
JOSIN MD, CHARLIE G, WICHITA, KS
JOST MD, COREY J, WICHITA, KS
JOST MD, CARPOL N, WICHITA, KS
JOST MD, CARP D, WICHITA, KS
JOST MD, GARY D, WICHITA, KS
JOYCE MD, G BERNARD, TOPEKA, KS
JUBELT MD, HILBERT P, MANHATTAN, KS
JUBILLA JR MD, FRANCISCO, WICHITA, KS
JUSTUS MD, WILLIAM J, PLEASANTON, KS

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KADER MD, GIHAN S, WICHITA, KS
KADISON MD, HERBERT I, WICHITA, KS
KAHN JR MD, NORMAN B, KANSAS CITY, MO
KAHN MD, DAVID M, WICHITA, KS
KALDOR MD, RICHARD H, MANHATTAN, KS
KALIVAS MD, LINDA L, PHOENIX, AZ
KANAREK MD, HENRY J, KANSAS CITY, MO
KANE JR MD, WILLIAM M, HAYS, KS
KARDATZKE MD, DAVID S, WICHITA, KS
KARDATZKE MD, DAVID S, WICHITA, KS
KARDATZKE MD, JON K, WICHITA, KS
KARDATZKE MD, JON K, WICHITA, KS
KARLIN MD, CHARLES A, SHAWNEE MISSION, KS

KASHA MD, ROBERT L, WICHITA, KS
KASHYAP MD, BANSHI P, SHAWNEE MISSION, KS
KASSEBAUM MD, KENNETH G, WICHITA, KS
KASSELMAN, JEFFREY P, WICHITA, KS
KASTINER, BRIAN D, SHAWNEE MISSION, KS
KATER MD, ERIC D, WICHITA, KS
KATZ MD, ARNOLD L, SHAWNEE MISSION, KS
KATZ MD, FRED S, SHAWNEE MISSION, KS
KATZ MD, JEROME B, TOPEKA, KS
KATZ MD, CHERTIS D, SHAWNEE MISSION, KS
KATIS MD, CHERTIS D, SHAWNEE MISSION, KS
KATIS MD, CHERTIS D, SHAWNEE MISSION, KS KATZ MD, ARNOLD L, SHAWNEE MISSION, KS
KATZ MD, FRED S, SHAWNEE MISSION, KS
KAUER MD, JEROME B, TOPEKA, KS
KAUER MD, CURTIS D, SHAWNEE MISSION, KS
KAUFMAN MD, EUGENE E, WICHITA, KS
KAUFMAN MD, EUGENE E, WICHITA, KS
KAUFMAN MD, WILLARD E, MOUNDRIDGE, KS
KAUHMAN MD, WILLARD E, MOUNDRIDGE, KS
KAUL MD, ANAND N, WINFIELD, KS
KAUPHUSMAN, TESSA M, SHAWNEE MISSION, KS
KAVEL MD, KARL K, TOPEKA, KS
KEATS MD, GRAHAM D, LIBERAL, KS
KEITGES MD, PIERRE W, SHAWNEE MISSION, KS
KEITH MD, REX B, WICHITA, KS
KELLER MD, JAMES P, WICHITA, KS
KELLER MD, JAMES P, WICHITA, KS
KELLER MD, GORDON R, SHAWNEE MISSION, KS
KELLEY MD, GORDON R, SHAWNEE MISSION, KS
KELLEY MD, GORDON R, SHAWNEE MISSION, KS
KELLEY MD, A CHRISTINE, HAYS, KS
KELLY MD, AN A, TOPEKA, KS
KELLY MD, AN A, TOPEKA, KS
KELLY MD, MICHELE, SHAWNEE MISSION, KS
KENAGY MD, ROBERT S, WICHITA, KS
KENDRICK MD, J GILLERAN, WICHITA, KS
KENNALLY MD, KEVIN P, SABETHA, KS
KENNEDY MD, FREDERICK R, OLATHE, KS
KENNEDY MD, GERALD T, WICHITA, KS
KENNEDY MD, JENNIFER E, TOPEKA, KS
KENNEDY MD, KENNTH R, SHAWNEE MISSION, KS
KENNEDY MD, MICHAEL I, BURLINGTON, KS
KENNEDY MD, MICHAEL I, BURLINGTON, KS
KENNEDY MD, GERALD F, HUTCHINSON, KS
KENNEDY MD, MICHAEL I, BURLINGTON, KS
KENNEDY MD, GERALD F, HUTCHINSON, KS
KENNEDY MD, GERALD F, FORT SCOTT, KS
KENNEDY MD, GERALD F, HUTCHINSON, KS
KENNEDY MD, GERALD F, HUTCHINSON, KS
KENNEDY MD, LAURA M, SHAWNEE MISSION, KS
KENNEDY MD, GERALD F, HUTCHINSON, KS
KENNEDY MD, GERALD F, HUTCHINSON, KS
KENNEDY MD, GERALD F, FORT SCOTT, KS
KERSEN MD, GERALD R, KANSAS CITY, KS
KESTIN, LARRY L, SHAWNEE MISSION, KS
KETTERMAN MD, DIANA K, WICHITA, KS
KETTING MD, PATIBHA KANSAS CITY, KS
KEYES MD, MICHAEL J, WICHITA, KS
KEYES MD, MICHAEL J, WICHITA, KS
KEYES MD, MICHAEL J, WICHITA, KS
KETTING MD, PATIBHA KANSAS CITY, KS KEYES MD, MICHAEL J, WICHITA, KS
KEYS JR MD, ROBERT C, TOPEKA, KS
KHARE MD, PRATIBHA, KANSAS CITY, KS
KHICHA MD, GYANCHAND J, WICHITA, KS KHOURY MD, GEORGE H, WICHITA, KS KHOURY MD, GEORGE H, WICHITA, KS
KIFER MD, C JAMES, HAYS, KS
KIHM MD, ALBERT A, CHANUTE, KS
KILGORE III MD, WILLIAM R, WICHITA, KS
KIM MD, CLEMENT C, WICHITA, KS
KIM MD, JONG M, KANSAS CITY, KS
KIM MD, PAIK N, WICHITA, KS
KIM MD, YONG W, TOPEKA, KS KIM MD, YONG W, TOPEKA, KS KIM, SARAH S, KANSAS CITY, KS KIMBALL MD, RICHARD R, MANKATO, KS KIMBLE, BRIAN A, KANSAS CITY, KS KIMMEL MD, KENNETH K, HALSTEAD, KS KIMMEL MD, KENNETH K, HALSTEAD, KS KIMPLE MD, KRIS G, BELOIT, KS KINDEL MD, VICTORIA W, WICHITA, KS KINDLING MD, PAUL H, TOPEKA, KS KINDRED MD, LYNN H, KANSAS CITY, MO KINDRED MD, LYNN H, KANSAS CITY, MO
KINDSCHER MD, JAMES D, KANSAS CITY, KS
KING MD, WILLIAM T, GREAT BEND, KS
KINGREY MD, DAVID A, DUBLIN, OH
KINPORTS SR MD, EDWARD B, KANSAS CITY, MO
KIPPERMAN MD, ROBERT M, WICHITA, KS
KIRACOFE, KENT H, SHAWNEE MISSION, KS
KIRBY MD, HOLLY F, SHAWNEE MISSION, KS
KIRBY MD, MERLIN G, GREAT BEND, KS
KIRCHNER MD, FERNANDO R, TUCSON, AZ
KIRK JR MD, E DAVID, WICHITA, KS
KIRK MD, MICHAEL N, OBERLIN, KS
KIRK MD, THOMAS E, MANHATTAN, KS
KIRK MD, THOMAS E, MANHATTAN, KS
KIRKEARARD MD. RODGER S, TOPEKA, KS KIRK MD, THOMAS E, MANHATTAN, KS
KIRKEGAARD MD, RODGER S, TOPEKA, KS
KIRSCH MD, MARK A, WICHITA, KS
KISER MD, JOHN L, WICHITA, KS
KISER MD, WILLARD J, WICHITA, KS
KISHORE MD, SHEELA, PARSONS, KS
KLAFTA MD, LEONARD A, WICHITA, KS
KLAUMANN MD, MICHELLE, WICHITA, KS
KLEIN MD, TERRY D, WICHITA, KS

KLEIN MD, THOMAS C, DERBY, KS
KLEINHOLZ JR MD, EMIL JOHN, TOPEKA, KS
KLEINSASSER MD, WARREN L, OLATHE, KS
KLEMM MD, J MARTIN, KANSAS CITY, MO
KLEMMER MD, HERBERT, TOPEKA, KS
KLENDA JR MD, MARTIN B, BELOIT, KS
KLIEWER MD, VERNON L, NEWTON, KS
KLINGLER JR MD, EUGENE A, MANHATTAN, KS
KLINGMAN MD, DIANE D, WICHITA, KS
KLOBASA MD, CHARLES L, MANHATTAN, KS
KLOBASA MD, CHARLES L, MANHATTAN, KS
KLOSTERHOFF MD, BRUCE E, HUTCHINSON, KS
KLUZAK MD, THOMAS R, WICHITA, KS
KNAPP MD, M ROBERT, WICHITA, KS
KNAPP, WENDI A, KANSAS CITY, KS
KNAPPENBERGER MD, KURT R, TOPEKA, KS
KNAPPENBERGER MD, ROY C, COLORADO
SPENINGS CO.

SPRINGS, CO
KNECHT MD, STEPHEN M, EMPORIA, KS
KNEIDEL MD, THOMAS W, WICHITA, KS
KNIGHT MD, THOMAS W, WICHITA, KS
KNIGHT MD, LAURA C, WICHITA, KS
KNIGHT MD, PHILIP J, WICHITA, KS
KNOLL MD, BRUCE F, DODGE CITY, KS
KNOX MD, JEFFREY B, SALINA, KS
KNUDTSON MD, JOHN D, PENSACOLA, FL
KNUTH MD, KENNETH L, INDEPENDENCE, KS
KOCH MD, KEVIN J, SHAWNEE MISSION, KS
KODANAZ MD, A AYTEKIN, SHAWNEE MISSION, KS
KOEHNER D O, TIMOTHY M, WICHITA, KS
KOEHN MD, NORMAN S, WICHITA, KS
KOEHN MD, NORMAN S, WICHITA, KS
KOELIKER MD, LESLIE M, WICHITA, KS
KOLSTE MD, BART K, OGALLALA, NE
KOONS MD, JESS W, LIBERAL, KS
KOONTZ MD, JUDITH A, TOPEKA, KS
KOPPERS MD, JAWRENCE E, SHAWNEE MISSION,
KS

KOPPERS MID, LAWRENGE E, SHAWNEE MISSION, KS
KORBER MD, DAVID E, LEWISVILLE, TX
KORTJE MD, DAVID K, WICHITA, KS
KOSSOW MD, WILLIAM D, KANSAS CITY, KS
KOSSOW D O, ALLEN F, TOPEKA, KS
KOURI MD, SAMMY H, WICHITA, KS
KOVAC MD, ANTHONY L, KANSAS CITY, KS
KOVARIK MD, ERNEST D, TOPEKA, KS
KOVASKI MD, STEPHEN F, TOPEKA, KS
KOVALSKI MD, STEPHEN F, TOPEKA, KS
KOZIKOWSKI MD, BEN M, SHAWNEE MISSION, KS
KRAMER MD, GARY M, KANSAS CITY, KS
KRAMTZ MD, KERMIT E, KANSAS CITY, KS
KRAUSE MD, ROLAND L, WICHITA, KS
KREADY MD, JOHN L, WICHITA, KS
KREADY MD, JOHN L, WICHITA, KS
KREHBIEL MD, MARK A, SALINA, KS
KRESIE MD, RANDALL J, TOPEKA, KS
KRETSINGER DO, W BROCK, EMPORIA, KS
KRUCKEMYER MD, ALAN L, SALINA, KS
KRUSIN MD, DORIS A, SHAWNEE MISSION, KS
KUBINA MD, GLENN RICHARD, WICHITA, KS
KUBINA MD, GLENN RICHARD, WICHITA, KS
KUHNS MD, HENRY R, EL DORADO, KS
KUMAR MD, ARUN, WICHITA, KS
KUMAR MD, ARUN, WICHITA, KS
KUMAR MD, SURINDER, NEWTON, KS
KUMAR MD, SURINDER, NEWTON, KS
KURTH MD, C JOSEPH, WICHITA, KS
KWEE MD, SIOE T, KANSAS CITY, KS
KYIMD, WIN M, DODGE CITY, KS
KYNER MD, JOSEPH L, KANSAS CITY, KS

L

L'ECUYER MD, JOHN F, SHAWNEE MISSION, KS
LABASH MD, STEPHEN C, OBERLIN, KS
LACCHEO MD, MICHAEL L, TOPEKA, KS
LACEY MD, RONALD L, WICHITA, KS
LAFEX, SUZANNE R, KANSAS CITY, KS
LAHAM MD, ALEXANDER J, DALLAS, TX
LAI MD, CHUEN-HUEY, WICHITA, KS
LAI MD, MAX G, TOPEKA, KS
LAING MD, ROBERT R, KANSAS CITY, KS
LAIRD MD, DALE D, OLATHE, KS
LAMBERT MD, KENNETH J, KANSAS CITY, KS
LAMBERT MD, MICHAEL B, SHAWNEE MISSION, KS
LAMBERT TRAMMEL, JACQI I, SAINT PETERSBURG, FL

LANCE MD, RAYMOND W, PITTSBURG, KS LANG MD, CLAYTON A, TOPEKA, KS LANGE MD, MARY P, LAWMENCE, KS LANGE MD, MICHAEL, LAWRENCE, KS LANGLEY, JAY R, SHAWNEE MISSION, KS LAPI MD, ANGELO, BOCA RATON, FL LAPI MD, ANGELO, BOCA RATON, FL
LAPOINTE MD, LEON R, WICHITA, KS
LARSON MD, DANUTA O, SHAWNEE MISSION, KS
LARSON MD, DANUTA O, SHAWNEE MISSION, KS
LARSON MD, DELBERT L, HIAWATHA, KS
LARSON MD, MELISSA L, SHAWNEE MISSION, KS
LASH MD, RAY E, SHAWNEE MISSION, KS
LASHELL, MARK S, TOPEKA, KS
LASLEY MD, MICHAEL B, HAYS, KS
LATIMER MD, KATHERINE, WICHITA, KS
LAUDERT MD, SUSAN E, WICHITA, KS
LAUE MD, C SHAFFIA, FAIRFAX, VA
LAUER MD, DAVID K, WICHITA, KS
LAUNEY MD, WALTON S, TOPEKA, KS
LAUNEY MD, WALTON S, TOPEKA, KS
LAURY MD, DAVID G, SAVANNAH, GA
LAVA MD, CHIRUND, PARSONS, KS LAUE MD, C SHAFFIA, FAIRFAX, VA
LAUER MD, DAVID K, WICHITA, KS
LAUNEY MD, WALTON S, TOPEKA, KS
LAUNEY MD, DAVID G, SAVANNAH, GA
LAVA MD, CHIRUND, PARSONS, KS
LAW DO, BYRON D, SHAWNEE MISSION, KS
LAW MD, FINDLEY, ELLINWOOD, KS
LAWHEAD MD, JEFF D, LEAVENWORTH, KS
LAWHEAD MD, JEFF D, LEAVENWORTH, KS
LAWHEAD MD, JEFF D, LEAVENWORTH, KS
LAWHEAS MD, HAROLD L, BLUE RAPIDS, KS
LAWN MD, CAUDIA A, WICHITA, KS
LAWN MD, CAUDIA A, WICHITA, KS
LAWRENCE MD, LINDA M, SALINA, KS
LAWRENCE MD, LINDA M, SALINA, KS
LAWRENCE MD, LINDA M, SALINA, KS
LAWRENCE MD, THEODORE, KANSAS CITY, KS
LAWOILL MD, THEODORE, KANSAS CITY, KS
LAYBOURNE JR MD, PAUL C, LAKE PLACID, FL
LE MD, CHUONG DUC, GARDEN CITY, KS
LEAR MD, REX Y, WICHITA, KS
LEARNED MD, GEORGE R, LAWRENCE, KS
LEE JR MD, ES W, CHANUTE, KS
LEE JR MD, ES W, CHANUTE, KS
LEE MD, JAE M, KANSAS CITY, KS
LEE MD, JAE M, KANSAS CITY, KS
LEE MD, KYO R, KANSAS CITY, KS
LEE MD, MARTIN W, WICHITA, KS
LEE MD, MARTIN W, WICHITA, KS
LEE MD, REX, WICHITA, KS
LEE MD, SONG DOW, TOPEKA, KS
LEE MD, SONG DOW, TOPEKA, KS
LEE MD, SONG DOW, TOPEKA, KS
LEE MD, SONG PING, TOPEKA, KS
LEE MD, SONG PING, TOPEKA, KS
LEE MD, YONG U, EL DORADO, KS
LEESON, MICHAEL T, PHOENIX, AZ
LEE MD, SONG PING, TOPEKA, KS
LEEM MD, PAUL B, PITTSBURG, KS
LEESON, MICHAEL T, SHAWNEE MISSION, KS
LEFFLER MD, PAUL B, PITTSBURG, KS
LEHERT MD, DARREN L, WICHITA, KS
LEHMAN MD, SAMUEL R, KANSAS CITY, KS
LEHER MD, DAVID G, ANDOVER, KS
LEHER MD, DAVID G, ANDOVER, KS
LEIKER MD, JOSEPH, TOPEKA, KS
LEIKER MD, PALLE M, TOPEKA, KS
LEIKER MD, PALLE M, TOPEKA, KS
LEIKER MD, PALLE M, TOPEKA, KS
LEINER MD, PATRICK A, SHAWNEE MISSION, KS
LENDEN JER MD, C M, TOPEKA, KS
LESSENDEN JER MD, C M, TOPEK LETOURNEAU MD, EDWARD N, WALTHAM, MA

LETOURNEAU MD, EDWARD N, WALTHAM, MA
LETTNER MD, HANS T, SCOTTSDALE, AZ
LEU MD, RICHARD H, WICHITA, KS
LEVINE MD, ERROL, KANSAS CITY, KS
LEVINE MD, H TERRY, SHAWNEE MISSION, KS
LEVINE MD, JOSEPH M, KANSAS CITY, KS
LEVINE MD, WILLIAM R, WICHITA, KS
LEVY MD, EDWIN Z, TOPEKA, KS
LEWIN MD, WALTER, SHAWNEE MISSION, KS
LEWIS MD, E CHRISTOPHER, BILOXI, MS
LICHTY MD, DAN M, QUINTER, KS
LIEBERMAN MD, BRUCE IRWIN, KANSAS CITY, KS
LIES MD, RICHARD B, WICHITA, KS
LIESE MD, ZIANA A, SHAWNEE MISSION, KS

LIESMANN MD, JEAN E, TOPEKA, KS
LIN MD, JOE J, WICHITA, KS
LIND II MD, EDWARD J, DERBY, KS
LINDGREN MD, TIBERIO F, KANSAS CITY, KS
LINDHOLM MD, DWIGHT L, WICHITA, KS
LINDHOLM MD, GERALD R, NEWTON, KS
LINDSLEY MD, CAROL B, KANSAS CITY, KS
LINDSLEY MD, HERBERT B, KANSAS CITY, KS LINENBERGER, KATHERINE, KANSAS CITY, KS LINHARDT MD, RONALD D, FRANCE. LINHARDT, GREGORY S. KANSAS CITY, KS LIPMAN MD, RANDEE E, WICHITA, KS LISTERMAN MD, JOHN C, TOPEKA, KS LITTELL MD, JAMES A, WICHITA, KS LIU MD, ALBERT T, KANSAS CITY, KS LIU MD, CHIEN, KANSAS CITY, KS LIVINGSTON D.O., DOUGLAS R, WICHITA, KS LIVINGSTON MD, CHARLES E, SALINA, KS LLOYD MD, JAMES W, SHAWNEE MISSION, KS LLOYD MD, JOHN C, EMPORIA, KS LOCHAMY MD, RICHARD E, JUNCTION CITY, KS LOCHAMY MD, RICHARD E, JUNCTION CITY, KS
LOCKE MD, MARLIN K, WAKEENEY, KS
LOCKWOOD MD, TED E, SHAWNEE MISSION, KS
LOEFFLER MD, JAMES A, WICHITA, KS
LOEWEN MD, WILLIAM C, WICHITA, KS
LOGAN MD, DONNA L, WICHITA, KS
LOGAN MD, JAMES E, WICHITA, KS
LOGANBILL MD, VARDEN J, MOUNDRIDGE, KS
LOHNES JR MD, JOHN H, WICHITA, KS
LOKER MD, JAMES L, WICHITA KS LOKER MD, JAMES L, WICHITA, KS LOMASNEY MD, PATRICK J, HUTCHINSON, KS LONG MD, ROBERT C, SPRINGFIELD, MO LONG MD, ROBERT C, SPRINGFIELD, MO
LOOP MD, PAUL J, TOPEKA, KS
LOPEZ MD, GRISEN J, SHAWNEE MISSION, KS
LOPEZ-GIBSON MD, EDUARDO, TOPEKA, KS
LOPEZ, THALIA J, KANSAS CITY, KS
LOSEE MD, JOHN M, WICHITA, KS
LOTUACO MD, GAMALIEL G, SHAWNEE MISSION, KS
LOUIS D O, MICHELLE, WICHITA, KS LOVELAND MD, G CHARLES, LAWRENCE, KS LOVETT MD, PAUL A, WICHITA, KS LOW MD, HAROLD L, WICHITA, KS LOW MD, HAROLD L, WICHITA, KS
LOWDEN MD, DAWNE R, WICHITA, KS
LOWE MD, STANLEY W, MANHATTAN, KS
LOWER MD, TERI A, WICHITA, KS
LUCAS MD, GEORGE L, WICHITA, KS
LUDER MD, JACOB K, WICHITA, KS
LUDLOW MD, MICHAEL G, WICHITA, KS
LUDUNG MD, CAROL S, TOPEKA, KS
LUDWIG MD, LEE W, KANGAG CITY, KS LUDWIG MD, CAROL S, TOPEKA, KS
LUDWIG MD, LEE V, KANSAS CITY, KS
LUEGER D O, JAMES J, SENECA, KS
LUEKEN MD, LUEKE B, WICHITA, KS
LUI MD, NASON, TOPEKA, KS
LUJAN, CHARLES R, SANTA TERESA, NM
LUKERT MD, BARBARA P, KANSAS CITY, KS
LUM D O, MICHAEL, SALINA, KS
LUNA MD, ANTHONY D, BUCKLIN, KS
LUNBERRY MD, JULIA J, COLUMBIA, MO
LUND MD, STEPHEN B, SHAWNEE MISSION, KS
LINDAK MD BRIJCE F ROYAL OAK MI LUNDAK MD, BRUCE E, ROYAL OAK, MI LUNDQUEST MD, DAVID E, HIAWATHA, KS LUTZ MD, RICHARD E, WICHITA, KS LYGRISSE MD, DANIEL V, WICHITA, KS LYNCH MD, JOHN A, TOPEKA, KS LYNCH MD, MARY A, WICHITA, KS LYNCH, MARK A, SHAWNEE MISSION, KS LYONS JR MD, FRANK C, MANHATTAN, KS

M

MABEN MD, PAMELA S, CHANUTE, KS
MACDOUGALL MD, MARGARET L, KANSAS CITY, KS
MACE MD, RHONDA D, KANSAS CITY, KS
MACE MD, RONALD D, JUNCTION CITY, KS
MACFARLANE MD, DOUGLAS B, OLATHE, KS
MACNAUGHTON, KATHLEEN A, SHAWNEE MISSION,

KS
MACY MD, NORMAN E, SALINA, KS
MACY MD, TED L, SALINA, KS
MACY MD, TED L, SALINA, KS
MADISON MD, WILLARD A, NORTONVILLE, KS
MADSEN MD, GLENN L, LAWRENCE, KS
MAGEE D O, RAYMOND D, TOPEKA, KS
MAGIDSON MD, ELLIOTT A, WICHITA, KS
MAGRALIN MD, ROMULO D, HAYSVILLE, KS
MAHER MD, JAMIE L, WICHITA, KS
MAILMAN MD, GERSHOM, WICHITA, KS
MAILLONEE MD, WILLIAM M, HUTCHINSON, KS
MALLORY MD, JOHN A, SHAWNEE MISSION, KS
MALLORY MD, JOHN A, SHAWNEE MISSION, KS
MALM D O, RONALD L, SALINA, KS

MANAHAN MD, G EUGENE, LAWRENCE, KS MANASCO MD, RONALD R, WICHITA, KS MANCINA MD, MICHAEL S J, SHAWNEE MISSION, KS MANDELBAUM MD, MARK A, WICHITA, KS MANDELBAUM MD, MAHK A, WICHITA, K MANGAR, STEVEN K, KANSAS CITY, KS MANGUOGLU MD, ALI B, SALINA, KS MANI MD, MANI M, KANSAS CITY, KS MANN D O, JEFF L, WICHITA, KS MANNING MD, ROBERT T, WICHITA, KS MANSUR MD, LISA I, TAYLORSVILLE, UT MANTZ MD, FRANK A, SHAWNEE MISSION, KS MANTZ MD, FRANK A, SHAWNEE MISSION, KS MARBACH MD, JAMES C, WICHITA, KS MARCELL MD, GERALD W, CARBONDALE, KS MARCHBANKS MD, DONALD L, SALINA, KS MAREK D O, RON J, WICHITA, KS MARINE MD, CLIFFORD S, OLATHE, KS MARKEL MD, LARRY G, BARTLESVILLE, OK MARKESE, SABRINA, KANSAS CITY, KS MARPLES MD, BRADLEY W, TOPEKA, KS MARPLES MD, DOUGLAS, DODGE CITY, KS MARSH MD, CONNIE M, WICHITA, KS MARSH MD, GENE E, HALSTEAD, KS MARSHALL MD, GEORGE W, SALINA, KS MARSHALL MD, ROGER W, GREAT BEND, KS MARSHALL MD, RONALD L, MANHATTAN, KS MARTIN JR MD, GLEN E, WICHITA, KS MARTIN MD, JEFFERY L, TOPEKA, KS MARTIN MD, MELANIE A, SHAWNEE MISSION, KS MARTIN MD, MELANIE A, SHAWNEE MISSION, MARTIN MD, NORMAN L, KANSAS CITY, KS MARTIN MD, OLIVER L, SALINA, KS MARTIN MD, PHILIP E, BONNER SPRINGS, KS MARTIN MD, RONALD L, WICHITA, KS MARTIN MD, WILLIAM O, TOPEKA, KS MARTIN, COLEMAN O, KANSAS CITY, KS MARVEL MD, JAMES E, ARKANSAS CITY, KS MARVEL MD, JAMES E, ARKANSAS CITY, KS
MARYMONT JR MD, JESSE H, WICHITA, KS
MASSOTH MD, SUE V, TOPEKA, KS
MASTERS MD, FRANCIS W, SHAWNEE MISSION, KS
MASTIO JR MD, GEORGE J, ATLANTA, KS
MATASSARIN MD, BENJAMIN M, WICHITA, KS
MATASSARIN MD, FREDERICK W, WICHITA, KS
MATHEWS D O, THOMAS G, GARDEN CITY, KS MATHEWS D.O. THOMAS G, GAHDEN CITY, KS MATHEWS MD, DAVID R, KANSAS CITY, MO MATHEWS MD, ROBERT M, SHAWNEE MISSION, KS MATHEWSON MD, HUGH S, KANSAS CITY, KS MATTHEW MD, WILLIAM L, OLATHE, KS MATTHEW MD, WILLIAM L, OLATHE, KS
MATTHEWS MD, EARL H, SALINA, KS
MATTICK MD, IRVIN H, HAYS, KS
MATTIOLI MD, LEONE, KANSAS CITY, KS
MATZEN MD, TED A, GARDEN CITY, KS
MAUCK MD, HAROLD C, STOCKTON, KS
MAURICIO MD, DENNY G, WICHITA, KS
MAWDSLEY MD, MICHAEL W, WICHITA, KS
MAXFIELD MD, RUSSELL J, COLORADO SPRING: MAXFIELD MD, RUSSELL J, COLORADO SPRINGS, CO

MAXWELL MD, GORDON E, SALINA, KS
MAXWELL MD, ROBERT A, SHAWNEE MISSION, KS
MAY MD, CORRI L, WICHITA, KS
MAYS MD, KEVIN P, LITTLE ROCK, AR
MAYUR MD, NITIN N, WICHITA, KS
MC FARLAND MD, GRETA S, CHANUTE, KS
MCALLASTER MD, CLAUDIA, LEAVENWORTH, KS
MCALLASTER MD, WENDALE E, GREAT BEND, KS
MCALLASTER MD, WENDALE E, GREAT BEND, KS
MCATEE MD, JAMES R, LITTLE ROCK, AR
MCBOYLE MD, MARILEE, WICHITA, KS
MCBRATNEY MD, KATHLEEN R, LEAVENWORTH, KS
MCCABE MD, MAUREEN E, TOPEKA, KS
MCCARTHY MD, AULEEN C, TOPEKA, KS
MCCARTHY MD, AILEEN C, TOPEKA, KS
MCCARTHY MD, AILEEN C, TOPEKA, KS
MCCARTHY MD, FRNEST L, WICHITA, KS
MCCLANAHAN MD, WARD A, WICHITA, KS
MCCLILLIAN MD, ERNEST L, WICHITA, KS
MCCOLLUM MD, WILLIAM B, LEAVENWORTH, KS
MCCOCHUM MD, WILLIAM B, LEAVENWORTH, KS
MCCOWEN MD, HERBERT M, SHAWNEE MISSION, KS
MCCOY MD, C PATRICK, WICHITA, KS
MCCOY MD, C PATRICK, WICHITA, KS
MCCOY MD, CHARLES P, WICHITA, KS
MCCOY MD, CHARLES T, HUTCHINSON, KS
MCCOY MD, CHARLES T, HUTCHINSON, KS
MCCOY MD, CHARLES T, HUTCHINSON, KS
MCCOY, MIKKI L, KANSAS CITY, KS
MCCOY, MD, MARK A, SHAWNEE MISSION, KS
MCCOUNE MD, MARK A, SHAWNEE MISSION, KS
MCCOUNE MD, MARK A, SHAWNEE MISSION, KS
MCCONALD MD, KEVIN R, HAYS, KS
MCDONALD MD, THOMAS L, HAYS, KS
MCDONALD MD, THOMAS L, HAYS, KS
MCDONOUGH MD, WANION, WANION, WICHITA, KS
MCDONOUGH MD, WANION, WANION, WORNION, WONION, WONION,

MCDOWELL MD, CHARLES S, SHAWNEE MISSION, MCDOWELL, KATHLEEN L, WICHITA, KS MCEACHEN MD. WILLIAM H. SHAWNEE MISSION, KS MCEACHEN MD, WILLIAM H, SHAWNEE MISSION, KS MCELHINNEY MD, CHARLES F, DODGE CITY, KS MCELHOY MD, ROBERT T, TOPEKA, KS MCGINNESS MD, MARILEE K, LAWRENCE, KS MCGOVERN JR MD, JAMES L, TOPEKA, KS MCGOVERN JR MD, JAMES L, TOPEKA, KS MCGUIRE MD, CHARLES W, WICHITA, KS MCGUIRE MD, CHARLES W, WICHITA, KS MCGUIRE MD, WILLIAM F, WICHITA, KS MCINNIS MD, DALTON B, WICHITA, KS MCINNIS MD, DALTON B, WICHITA, KS MCINTEE MD, RAE A, KANSAS CITY, MO MCKAY MD, ROBERT S, WICHITA, KS MCKEE, JED WAYNE, WICHITA, KS MCKEE, JED WAYNE, WICHITA, KS MCKERNA MD, MICHAEL J, FORT SCOTT, KS MCKERNA MD, MICHAEL J, FORT SCOTT, KS MCKERACHER MD, ROBERT D, MULVANE, KS MCKENNA MD, MICHAEL J, FORT SCOTT, KS MCKERRACHER MD, ROBERT D, MULVANE, KS MCKINNEY D O, SHARON L, TOPEKA, KS MCLAIN MD, KENNETH, RANSOM, KS MCLEAN MD, THOMAS R, KANSAS CITY, KS MCMASTER MD, JOHN F, WICHITA, KS MCMULLEN MD, BRUCE R, WICHITA, KS MCMULLEN MD, JOSEPH E, HUTCHINSON, KS MCMURRAY MD, LAURA J, SHAWNEE MISSION, KS MCNAMARA MD, PATRICIA, WICHITA, KS MCNEIL MD, ELBERT D, MANHATTAN, KS MCNEIL MD, ELBERT D, MANHATTAN, KS
MCNICKLE MD, GEORGE A, WICHITA, KS
MCAÜEEN MD, DAVID A, WICHITA, KS
MEADOR D O, RICHARD W, MEDICINE LODGE, KS
MEANS MD, MILA L, WICHITA, KS
MEARA, JOHN B, KANSAS CITY, KS
MEBUST MD, WINSTON K, KANSAS CITY, KS
MEEK JR MD, JOSEPH C, WICHITA, KS
MEEK MD, PALMER F, MANHATTAN, KS
MEEKER II MD, BRUCE P, BELLE PLAINE, KS
MEHTA MD, PRAFUL, WICHITA
MEHTA MD, PRAVEEN S, CONCORDIA, KS
MEIDINGER MD, RICHARD, TOPEKA, KS MEIDINGER MD, RICHARD, TOPEKA, KS MEISEL JR MD, RICHARD L, WICHITA, KS MEISTER MD, GREGORY C, WICHITA, KS MELEAN MD, JAIME, WICHITA, KS MELHAM MD, THOMAS J, MUNCIE, IN MELHORN MD, J MARK, WICHITA, KS MELHORN MD, KATHERINE J, WICHITA, KS MELHORN MD, KATHERINE J, WICHITA, KS
MELIN MD, BRUCE D, GARDEN CITY, KS
MELLOR MD, MARJORIE J, NORTON, KS
MENAKER MD, JEROME S, WICHITA, KS
MENDIOLA MD, AMBRIOSIO P, LEAVENWORTH, KS
MENDIOLOS MD, L MARLENE, WICHITA, KS
MENDLICK MD, R MICHAEL, OLATHE, KS
MENBHAN MD, H JAMES, WICHITA, KS
MENBHAN MD, H JAMES, WICHITA, KS
MENKING MD, F W MANFRED, WICHITA, KS
MENKING MD, SUSAN M, WICHITA, KS
MENKING MD, SUSAN M, WICHITA, KS
MENNINGER MD, BRENT O, TOPEKA, KS
MENNINGER MD, BOBERT G, TOPEKA KS MENNINGER MD, ROBERT G, TOPEKA, KS MENNINGER MD, ROY W, TOPEKA, KS MENNINGER MD, W WALTER, TOPEKA, KS MENON MD, REMA, PARSONS, KS MENZEL MD, THOMAS E, SENECA, KS MERCADER MD, MARIO S, WICHITA, KS MEREDITH MD, W TOM, WICHITA, KS MERKEL MD, EARL D, RUSSELL, KS MERRIFIELD MD, TERRY S, WICHITA, KS MERRITT MD, W HENRY, LEAVENWORTH, KS MERSHON MD. JAMES C. WICHITA, KS MESSAMORE MD, DEBRA L, WICHITA, KS MESSAWORE MD, SEARA L, WICHITA, KS MESSNER MD, STAN A, WICHITA, KS METZ MD, BRIAN A, OLATHE, KS MEYER MD, ANGELA M, WICHITA, KS MEYER MD, MARK C, KANSAS CITY, KS MEYER MD, O WARREN, TOPEKA, KS MEYER MD, WARREN E, WICHITA, KS MEYERS MD, STEPHEN, GARDEN CITY, KS MHATRE MD, VIJAY R, TOPEKA, KS MIGHAEL MD, RICHARD O, WICHITA, KS
MICHELBACH MD, ALBERT P, WICHITA, KS
MIDYETT, LARRY K, KANSAS CITY, KS
MIGLIAZZO MD, CARL V, SHAWNEE MISSION, KS
MIGUELINO MD, OLIVER M, EMPORIA, KS MILFELD MD, DOUGLAS J, WICHITA, KS MILLER D O, STEPHEN A, COFFEYVILLE, KS MILLER MD, DAVID P, WICHITA, KS MILLER MD, DEAN M, PARSONS, KS MILLER MD, DEAN M, FARSONS, AS MILLER MD, DENNIS W, KANSAS CITY, KS MILLER MD, DON E, TAMPA, FL MILLER MD, EARL E, PITTSBURG, KS MILLER MD, ELDEN V, SALINA, KS MILLER MD, F LANCE, SHAWNEE MISSION, KS MILLER MD. FRANKLIN R. WINFIELD. KS

MILLER MD, HERBERT C, NORTHFORD, CT
MILLER MD, ROBERT E, GARDEN CITY, KS
MILLER MD, ROGER M, WICHITA, KS
MILLER MD, STEPHEN F, PARSONS, KS
MILLER MD, TODD A, WICHITA, KS
MILLER, CHRISTOPHER D, SHAWNEE MISSION, KS
MILLER, RICHARD D, KANSAS CITY, KS
MILLIGAN MD, DONALD B, SHAWNEE MISSION, KS
MILLS JR MD, PHILIP E, TOPEKA, KS
MILLS JR MD, PHILIP B, TOPEKA, KS
MILLS MD, BRIAN G, SHAWNEE MISSION, KS
MILLS MD, CRAIG G, KANSAS CITY, KS
MILLS MD, PHILIP R, WICHITA, KS
MILLS MD, STEPHEN C, HUTCHINSON, KS
MILLS MD, VERNON A, LEAVENWORTH, KS
MINGES MD, TIMOTHY J, WESTMORELAND, KS
MINGES MD, RALPH R, SHAWNEE MISSION, KS
MINNS MD, GAROLD O, WICHITA, KS MILLER MD, HERBERT C, NORTHFORD, CT MINNS MD, GAROLD O, WICHITA, KS
MIRABILE MD, JAMES, SHAWNEE MISSION, KS
MIRANDA MD, JOSEPH R, WICHITA, KS
MISKEW MD, DON B W, SHAWNEE MISSION, KS MISKEW MD, DON B W, SHAWNEE MISSION, K
MITCHELL MD, DANIEL S, WICHITA, KS
MITCHELL MD, ERIK K, TOPEKA, KS
MODDRELL MD, CAROL A, LAWRENCE, KS
MODELL MD, ELLEN M, EDMONDS, WA
MODLIN MD, HERBERT C, TOPEKA, KS
MOELLER MD, CHRISTOPHER A, WICHITA, KS
MOELLER MD, DONALD D, KANSAS CITY, KS MOFFAT MD, JOHN D, LIBERAL, KS MOFFAT MD, ROBERT E, SHAWNEE MISSION, KS MOGHE MD, CHANDRAKANT B, COLUMBUS, KS MOFFAT MD, ROBERT E, SHAWNEE MISSION, KS MOGHE MD, CHANDRAKANT B, COLUMBUS, KS MOHLER MD, JACK M, ABILENE, KS MOLOS MD, MARK A, KANSAS CITY, KS MONTGOMERY MD, MICHAEL L, EMPORIA, KS MONTGOMERYSHORT MD, RUTH G, WICHITA, KS MOORE MD, CANDICE A, TOPEKA, KS MOORE MD, DENNIS F, WICHITA, KS MOORE MD, JAMES E, NEWTON, KS MOORE MD, JAMES E, NEWTON, KS MOORE MD, BOBERT, HOISINGTON, KS MOORE MD, ROBERT, HOISINGTON, KS MOORE MD, ROBERT F, CANEY, KS MOORE, CHARLES F, KANSAS CITY, KS MOORE, JON M, SHAWNEE MISSION, KS MOORHEAD JR MD, F ALLEN, NEODESHA, KS MOREAD MD, PHILLIP A, WICHITA, KS MORFORD MD, RONALD G, WICHITA, KS MORGAN III MD, DAVID L, OLATHE, KS MORGAN III MD, LOUIS S, WICHITA, KS MORGAN MD, MITCH A, WICHITA, KS MORGAN MD, MANDALL J, WICHITA, KS MORGAN MD, RANDALL J, WICHITA, KS MORGAN MD, MANDALL J, WICHITA, KS MORGAN MD, RANDALL J, WICHITA, KS MORGAN MD, REVENIBLE A CREENSBURGE MEDICAL METERS MET MORIGAN MD, HANDALL J, WICHITA, KS
MORITZ MD, RICK S, SHAWNEE MISSION, KS
MOROHUNFOLA MD, KEHINDE A, GREENSBURG, KS
MORONEY MD, JEAN M, SHAWNEE MISSION, KS
MORRELL MD, DAVID G, WICHITA, KS MORRIS MD, HARRY A, WICHITA, KS
MORRIS MD, HARRY A, WICHITA, KS
MORRISON MD, MERLE D, TOPEKA, KS
MORRISON MD, GRACE A, TOPEKA, KS
MORRISON MD, MICHAEL R, TOPEKA, KS
MORRISON MD, RICHARD L, WICHITA, KS MORRISON MD, RICHARD L, WICHITA, KS
MORROW MD, THOMAS F, WICHITA, KS
MORTENSEN MD, STEEN E, WICHITA, KS
MOSELEY MD, A CANDACE, KANSAS CITY, MO
MOSER JR MD, ROBERT P, TRIBUNE, KS
MOSIER MD, SCOTT E, WICHITA, KS
MOSIER MD, KEVIN M, PARSONS, KS
MOSIER MD, MIKE, MANHATTAN, KS MOSIER MD, MIKE, MANHATTAN, KS MOSIER MD, STANLEY J, WICHITA, KS MOSIER, SUSAN K, KANSAS CITY, KS MOSINGHOFF MD, DEBORAH A, SHAWNEE MISSION, KS MISSION, KS
MOWRY MD, WILLIAM E, SALINA, KS
MOWRY MD, GERALD L, MANHATTAN, KS
MROZ MD, MARY K, WICHITA, KS
MUEHLBERGER MD, JAMES J, SHAWNEE MISSION, MUELLER MD, ARNOLD V, TOPEKA, KS
MUELLER MD, MICHAEL A, WICHITA, KS
MUELLER MD, MICHAEL A, WICHITA, KS
MULLENBURG MD, JEFFREY J, WICHITA, KS
MULL MD, JOHN C, HUTCHINSON, KS
MULLINIX MD, JANICE M, WICHITA, KS
MUMFORD MD, JOSEPH E, TOPEKA, KS
MUMNS MD, STEPHEN W, KANSAS CITY, KS
MURATI MD, PEDRO A, WICHITA, KS
MURFITT MD, MALCOLM C, LINDSBORG, KS
MURPHY MD, BARRY L, WICHITA, KS
MURPHY MD, DUANE A, WICHITA, KS
MURPHY MD, GARY D, SALINA, KS
MURPHY MD, JAY W, SHAWNEE MISSION, KS
MURPHY MD, MICHAEL J, TOPEKA, KS

MURPHY MD, PATRICK L, WICHITA, KS
MURPHY MD, PAUL M, WICHITA, KS
MURPHY MD, PAUL W, WICHITA, KS
MURPHY MD, WILLIAM R, NEWTON, KS
MURPHY MD, WILLIAM R, C, WICHITA, KS
MURPHY, DANIEL J, KANSAS CITY, KS
MURRAY MD, JANE L, KANSAS CITY, KS
MURRAY MD, JANE L, KANSAS CITY, KS
MURRAY MD, ICHARD W, WICHITA, KS
MYERS MD, PICHARD W, WICHITA, KS
MYERS MD, DANIEL L, CONCORDIA, KS
MYERS MD, JO ANN, TOPEKA, KS
MYERS MD, JO ANN, TOPEKA, KS
MYRICK MD, MICKEY C, WICHITA, KS
MYRICK MD, MICKEY C, WICHITA, KS
MYRICK MD, STEPHEN W, LAWRENCE, KS

NORRIS MD, ROBERT P, WICHITA, KS
NORTH MD, DORIS G, WICHITA, KS
NORTHWAY MD, DANIEL P, TOPEKA, KS
NORTON MD, KENNETH A, SHAWNEE MISSION, KS
NORTON MD, ROBERT K, WICHITA, KS
NOSTI MD, JUAN C, SHAWNEE MISSION, KS
NOTHNAGEL MD, ARNOLD F, SHAWNEE MISSION, KS
NOTHINGHAM MD, ARNOLD F, SHAWNEE MISSION, KS
NOTTINGHAM MD, ROBERT M, OLATHE, KS
NOVOTNY MD, PETER C, TOPEKA, KS
NULL MD, WILLIAM G, SALINA, KS
NUNEMAKER MD, MARION E, HUTCHINSON, KS
NYE MD, C ERIK, SHAWNEE MISSION, KS

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NABOURS MD, RICHARD D, TOPEKA, KS
NACHTIGALL MD, ANDREW, WICHITA, KS
NALDOZA JR MD, FAUSTINO M, WELLINGTON, KS
NANCISO MD, VICENTE D, ABILENE, KS
NASH MD, CYNTHIA I, WICHITA, KS
NATHAN MD, WILLIAM A, TOPEKA, KS
NAUER MD, PAULA L, SHAWNEE MISSION, KS
NAVICKAS MD, LEONARD A, SHAWNEE MISSION, KS
NAZARIO MD, LILIAMA E, SHAWNEE MISSION, KS
NEEF MD, DOUG STEVENS, HUMBOLDT, KS
NEEF MD, JAMES W, WICHITA, KS
NEHORAYAN, MARC L, ENCINO, CA
NEIBURGER MD, JAMES B, SHAWNEE MISSION, KS
NEIGHBOR MD, ERNEST H, SHAWNEE MISSION, KS
NEIGHBOR MD, ERNEST H, SHAWNEE MISSION, KS
NEIL MD, ROY N, HAYS, KS
NELSON CAMPION, JANET M, SHAWNEE MISSION, NABOURS MD, RICHARD D, TOPEKA, KS NELSON CAMPION, JANET M, SHAWNEE MISSION, KS

NELSON JR MD, GUST H, WICHITA, KS

NELSON MD, BRYAN C, SHAWNEE MISSION, KS

NELSON MD, CHARLES G, DODGE CITY, KS

NELSON MD, GERALD D, WICHITA, KS

NELSON MD, GERALD D, WICHITA, KS

NELSON MD, GERALD D, WICHITA, KS

NELSON MD, MARIAN K, CLAY CENTER, KS

NELSON MD, MARIAN K, CLAY CENTER, KS

NELSON MD, TAMMIE L, SHAWNEE MISSION, KS

NELSON, KRISTA A, KANSAS CITY, KS

NESMITH MD, LESLIE W, WICHITA, KS

NETHERTON MD, DAVID M, WICHITA, KS

NEUBAUER MD, MARCUS A, SHAWNEE MISSION, KS

NEUBNSCHWANDER MD, JOHN, HOXIE, KS

NEUENSCHWANDER MD, JOHN RAND, HOXIE, KS

NEUER MD, FREDERICK S, EMPORIA, KS

NEUBNUS, JOHN P, KAILUA, HI NEUHAUS, JOHN P, KAILUA, HI NEUMAN MD, MICHAEL J, WICHITA, KS NEUMANN MD, JAMES W, SALINA, KS NEUSCHAFER MD, DARREL R, HUTCHINSON, KS NEWBY MD, JAMES P, WICHITA, KS NEWBY, CORY, MADISON, WI NEWCOMB MD, WARD M, HAYS, KS NEWCOMB MD, WARD M, HAYS, KS
NEWELL MD, LINDA C, SCOTTSDALE, AZ
NEWLIN MD, PHILIP L, WICHITA, KS
NEWSOM MD, F CARTER, WICHITA, KS
NEWTH D O, MARK S, TOPEKA, KS
NIBBELINK MD, LARRY W, KANSAS CITY, KS
NICE MD, G WILLIAM, TOPEKA, KS
NICHOLAS MD, W JOHN, WICHITA, KS
NICHOLS D, DAVID J, TOPEKA, KS
NICHOLS MD, DEFF S, TOPEKA, KS
NICHOLS MD, ROBERT R, FORT SCOTT, KS
NICKELL MD, WENDELL K, SALINA, KS
NICHOER MD, DAVID W DERBY KS NICKELL MD, WENDELL K, SALINA, KS
NIEDEREE MD, DAVID W, DERBY, KS
NIELSEN MD, MARY L, WICHITA, KS
NIENSTEDT MD, JOHN F, SUN CITY, AZ
NIERNBERGER D O, JERRY E, WICHITA, KS
NIGH MD, STEPHEN S, CHESAPEAKE, VA
NIGHTENGALE MD, DIANE D, EL DORADO, KS
NIHIRA, MIKIO A, LOS ANGELES, CA NIHIRA, MIKIO A, LOS ANGELES, CA
NIKNIA MD, MORTEZA, GARDNER, KS
NIXON JR MD, NED R, SHAWNEE MISSION, KS
NIXON MD, JAMES E, DODGE CITY, KS
NIXON MD, WILLIAM A, WICHITA, KS
NOBLE MD, MARK J, KANSAS CITY, KS
NOLA MD, BOUNSAVATH, WICHITA, KS
NOLAN D O, PHYLLIS C, WICHITA, KS
NOLKER MD, STEPHEN G, LAWSON, MO
NOLLA MD, LORAINE B, WICHITA, KS
NOORDHOEK MD, LYLE J, HAYS, KS
NORA MD, JOSEPH T, TOPEKA, KS
NORMAN MD, BENJAMIN R, WICHITA, KS NORMAN MD, BENJAMIN R, WICHITA, KS NORRIS MD, CHARLEY W, KANSAS CITY, KS NORRIS MD, JOSIE A, TOPEKA, KS

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O'BOYNICK II MD, PAUL LEONARD, KANSAS CITY, KS
O'CALLAGHAN MD, WILLIAM K, TOPEKA, KS
O'CONNELL MD, DAVID M, SHAWNEE MISSION, KS
O'CONNELL MD, DAVID M, SHAWNEE MISSION, KS
O'DONNELL MD, SARA S, SHAWNEE MISSION, KS
O'DONNELL JR MD, LEONARD A, WICHITA, KS
O'DONNELL MD, HELEN M, KANSAS CITY, KS
O'DONNELL MD, HELEN M, KANSAS CITY, KS
O'NEAL MD, HELEN M, KANSAS CITY, KS
O'NEAL MD, LYNN W, LAWRENCE, KS
O'NEIL MD, ROBERT H, TOPEKA, KS
O'NEIL MD, ROBERT D, MANHATTAN, KS
OLMSTEAD MD, CALVIN G, WICHITA, KS
OLNEY MD, ROBERT D, MANHATTAN, KS
OLSON MD, THOMAS H, SHAWNEE MISSION, KS
OMMEN MD, JACOB S, CONCORDIA, KS
OOMMEN MD, JACOB S, CONCORDIA, KS
OOMMEN MD, SHARI L, PAOLA, KS
OOTH-BAALMAN MD, DIANE M, WICHITA, KS
OSBERN MD, LIDA, LAWRENCE, KS
OSTER MD, JOYCE A, WICHITA, KS
OSBERN MD, LIDA, LAWRENCE, KS
OSTER MD, JOYCE A, WICHITA, KS
OWEN MD, PERE A, GODDARD, KS
OWEN MD, LARUE W, WICHITA, KS
OWEN MD, LARUE W, WICHITA, KS
OWEN MD, LARUE W, WICHITA, KS
OWEN MD, PERE A, GODDARD, KS
OWEN MD, DERWIN T, SHAWNEE MISSION, KS
OWENS MD, DAVID B, SHAWNEE MISSION, KS
OWENS MD, DAVID B, SHAWNEE MISSION, KS
OXLEY MD, DWIGHT K, WICHITA, KS

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PAGE D O, LESLIE F, WICHITA, KS
PAGE MD, PATRICK B, WICHITA, KS
PAGE MD, RUTH, WICHITA, KS
PAI MD, RADHA V, PARSONS, KS
PAI MD, VARADARAJ S, PARSONS, KS
PALAGANAS-TOSCO MD, AMANDA C, MCLOUTH, KS
PALAZZOLO MD, MICHAEL J, KANSAS CITY, KS
PALKO MD, WILLIAM M, WICHITA, KS
PALMER MD, DAVID L, WICHITA, KS
PALMER MD, DAVID L, WICHITA, KS
PALMER MD, GERALD K, SALINA, KS
PALTOO MD, RAYMOND M, LIBERAL, KS
PANKOW MD, KIMBERLY J, WICHITA, KS
PANKOW MD, LARRY M, WICHITA, KS
PAPP JR MD, S DEAN, PITTSBURG, KS
PARANJOTHI MD, SUBRAMONIAM P, PARSONS, KS
PARDO MD, LILLIAN G, KANSAS CITY, KS
PARBO MD, MANUEL P, SHAWNEE MISSION, KS
PAREKH MD, AJITKUMAR M, KANSAS CITY, KS
PAREKH MD, MADHAVI A, KANSAS CITY, KS
PAREKH MD, MADHAVI A, KANSAS CITY, KS
PARHAM, PAMELA C, KANSAS CITY, KS
PARHAM, PAMELA C, KANSAS CITY, KS
PARK MD, RACHAEL E, WICHITA, KS
PARKER MD, HAROLD L, WICHITA, KS

PARKS MD, GILBERT R, TOPEKA, KS
PARMAN MD, CRAIG R, WICHITA, KS
PARMAN MD, LINDA M, LAWRENCE, KS
PARMAN MD, HOBERT D, TOPEKA, KS
PARR MD, HAROLD E, TOPEKA, KS
PARR MD, HAROLD E, TOPEKA, KS
PARRA MD, ANIEL C, KANSAS CITY, KS
PARRA MD, MIGHEL M, KANSAS CITY, KS
PARRA MD, MIGHEL M, KANSAS CITY, KS
PARRA MD, MIGUEL D, KANSAS CITY, KS
PARRIOTT MD, JOEL E, SALINA, KS
PARRISH MD, ROGER D, FORT SCOTT, KS
PARRISH BRANDES MD, LISA K, WICHITA, KS
PARRISH MD, STEVEN, KANSAS CITY, KS
PARRISH MD, STEVEN, KANSAS CITY, KS
PARRISH MD, STEVEN, KANSAS CITY, KS
PARSIND MD, MOUTCHEHR, PITTSBURG, KS
PARSI MD, MANUTCHEHR, PITTSBURG, KS
PASSIMIO MD, POGER S, COLUMBUS, KS
PASSMAN MD, STEVEN M, WICHITA, KS
PASSMAN MD, STEVEN M, WICHITA, KS
PATE, BRIAN M, WICHITA, KS
PATRON MD, RICARDO A, LIBERAL, KS
PATRON MD, RICARDO A, LIBERAL, KS
PATRON MD, JOHN R, SHAWNEE MISSION, KS
PATICN MD, J MICHAEL, WICHITA, KS
PAULS MD, DAVID G, MANHATTAN, KS
PAULS MD, DAVID G, MANHATTAN, KS
PAULS MD, DAVID G, MANHATTAN, KS
PAYNE MD, J RALPH, KANSAS CITY, MO
PAYNE MD, J ROBERT R, TOPEKA, KS
PAYNE MD, J RALPH, KANSAS CITY, MO
PAYNE MD, ROBERT R, TOPEKA, KS
PEARCE MD, LUNETTA M, SHAWNEE MISSION, KS
PEARCE MD, LUNETTA M, SHAWNEE MISSION, KS
PEARCE MD, LUNETTA M, SHAWNEE MISSION, KS
PEARSON MD, MARK A, LEAVENWORTH, KS
PEBASTER MD, MICHAEL L, WICHITA, KS
PEBASTER MD, MICHAEL L, WICHITA, KS
PEBASTER MD, MICHAEL L, WICHITA, KS
PEBERS MD, GERALD B, APOLLO BEACH, FL
PEFFLY MD, ELMER D, CHETOPA, KS
PEEL MD, KERRY A, WICHITA, KS
PEEL MD, KERRY A, WICHITA, KS
PENNER MD, TIMOTHY M, CLAY CENTER, KS
PENN

KS
PENZLER MD, CINDY E, TOPEKA, KS
PERALES MD, MERCEDES, WICHITA, KS
PERALES MD, MERCEDES, WICHITA, KS
PEREIRA MD, WILLY G, NEWTON, KS
PEREIRA MD, WILLY G, NEWTON, KS
PEREIRE MD, JERRY D, WICHITA, KS
PERERIE MD, JERRY D, WICHITA, KS
PERKINS MD, JACK L, HUTCHINSON, KS
PERKINS, HAROLD L, HAYSVILLE, KS
PERKINS, HAROLD L, HAYSVILLE, KS
PERRY MD, MARK A, SHAWNEE MISSION, KS
PERSONS MD, DIANE L, ROCHESTER, MN
PETELIN MD, JOSEPH B, SHAWNEE MISSION, KS
PETERS MD, ERIC A, SHAWNEE MISSION, KS
PETERS MD, THOMAS J, WICHITA, KS
PETERSON MD, ERIC A, SHAWNEE MISSION, KS
PETERSON D O, PEGGY S, MANHATTAN, KS
PETERSON MD, EVAN A, WATHENA, KS
PETERSON MD, HUBERT C, LIBERAL, KS
PETERSON MD, LA M, SHAWNEE MISSION, KS
PETERSON MD, HUBERT C, LIBERAL, KS
PETERSON MD, HAWNEE MISSION, KS
PETERSON MD, HAWNEE MISSION, KS
PETERSON MD, HAWNEE MISSION, KS
PETERSON MD, HOBERT C, LIBERAL, KS
PETERSON MD, BAWNEE MISSION, KS
PETERSON MD, JAMES E, SALINA, KS
PETERSON MD, PATRICIA M, SALINA, KS
PETERSON MD, POBERT L, TOPEKA, KS
PETERSON MD, PATRICIA M, SALINA, KS
PETERSON MD, PATRICIA M, SALINA, KS
PETRAKIS MD, PATRICIA M, SALINA, KS
PETRERSON MD, CECIL E, SYRACUSE, KS
PETTERSON MD, CECIL E, SYRACUSE, KS
PETTERSON MD, O'RUTH S, FORT LAUDERDALE, FL
PETTIJOHN MD, WALTER J, GUADALAJARA JALISCO, MX

PFEIFFER, BRIAN D, KANSAS CITY, KS
PFUETZE MD, BRUCE L, SHAWNEE MISSION, KS
PFUETZE MD, KARL D, SHAWNEE MISSION, KS
PFUETZE MD, ROBERT E, TOPEKA, KS
PHAM, THUHA T, WICHITA, KS
PHELPS MD, DAVID W, FORT SCOTT, KS

PHILIPP MD, JOSEPH T, MANHATTAN, KS
PHILLIPS MD, DENNIS G, WICHITA, KS
PHILLIPS MD, WARREN G, SHAWNEE MISSION, KS
PHIPPS MD, CARLA B, LAWRENCE, KS
PHIPPS MD, JACK G, WICHITA, KS
PHIPPS MD, RONNY, INDEPENDENCE, KS PIAZZA D O, RICHARD S, WICHITA, KS PIBURN MD, MARVIN F, WICHITA, KS PICKERT MD, CURTIS B, WICHITA, KS PIERCE MD, CHARLES F, BRANDON, MS PIERCE MD, DONALD R, TOPEKA, KS PIERCE MD, GEORGE E, KANSAS CITY, KS PIERSON MD, MARK E, EMPORIA, KS
PIERSON MD, WEIR, MC PHERSON, KS
PILCHARD MD, WILLIAM A, SHAWNEE MISSION, KS PINGLETON MD, WILLIAM W, SHAWNEE MISSION, KS PINSKER MD, JACOB A, WICHITA, KS PIPPIN MD, LYNNE K, SHAWNEE MISSION, KS PIRELA-CRUZ MD, MIGUEL A, WICHITA, KS PITTMAN-PARKS MD, TANYA J, SALINA, KS PITTS MD, JEANETTE M, WICHITA, KS PITTS MD, RONALD L, SHAWNEE MISSION, KS PLUMB MD, RENNE L, KANSAS CITY, KS PLUMLEE MD, GEOFFREY B, SALINA, KS PODREBARAC MD, PIERRE, ATLANTA, GA POGSON MD, GEORGE W, PITTSBURG, KS POKORNY MD, JOHN C, HAYS, KS POLING MD, TERRY L, WICHITA, KS POLLMAN MD, STANLEY E, WICHITA, KS POLLOCK MD, ANTHONY G A, WICHITA, KS POLLOCK MD, ANTHONY G A, WICHITA, K
POLLY MD, RICHARD E, TOPEKA, KS
POOLE MD, BERNARD T, WICHITA, KS
PORTER MD, DAVID M, KANSAS CITY, KS
PORTER MD, GARRY L, WICHITA, KS
PORTER MD, ROBERT D, TOPEKA, KS PORTER MD, SCOTT W, WICHITA, KS PORTO JR MD, ANTHONY F, SHAWNEE MISSION, KS POTTER MD, ROBERT L, KANSAS CITY, KS POTTER MD, ROBERT L, KANSAS CITY, KS
POULOSE MD, ANIL K, SAINT PAUL, MN
POULTON MD, THOMAS J, TOPEKA, KS
POWELL II MD, BENSON M, TOPEKA, KS
POWELL MD, CAROL W, SHAWNEE MISSION, KS
POWELL MD, TIMOTHY J, PITTSBURG, KS
POWELL MD, WILLIAM R, TOPEKA, KS
POWERS MD, G ROBERT, KANSAS CITY, KS
POMERS MD, G ROBERT, KANSAS CITY, KS PRAEGER MD, MARK A, LAWRENCE, KS PRASAD MD, BABU, HAYS, KS PRATT, STEPHEN E, KANSAS CITY, KS PRENDES MD, CARLOS A, SHAWNEE MISSION, KS PRENTISS MD, HAROLD, NEWTON, KS PRESKORN MD, SHELDON H, WICHITA, KS PRESTON MD, DAVID F, KANSAS CITY, KS PRESTON MD, RALPH R, TOPEKA, KS PRESTON MD, RICHARD, GREAT BEND, KS PRETZ MD, JAMES B, KANSAS CITY, KS PRIBIL MD, ALAN N, PRATT, KS PRICE JR MD, LAURANCE W, LAWRENCE, KS PRICE MD, JAMES G, SHAWNEE MISSION, KS PRICE MD, PETER G, PHOENIX, AZ PRICE MD, PETER G, PHOENIX, AZ
PRICE MD, VAUGHAN C, MC PHERSON, KS
PRIETO MD, JORGE N, KANSAS CITY, KS
PROCTOR MD, ROBERT W, EL DORADO, KS
PROHASKA, DANIEL J, KANSAS CITY, KS
PROKOP MD, BRADFORD S, TOPEKA, KS
PRONKO MD, MICHAEL J, SHAWNEE MISSION, KS PROUD MD, G ONEIL, SHAWNEE MISSION, KS PUGH MD, DAVID M, KANSAS CITY, KS PULLMAN MD, NORMAN K, WICHITA, KS PURDY, ANGEL M, PIKESVILLE, MD PURINTON MD, LEW W, WICHITA, KS PUTNAM MD, ANTHONY M, SCOTTSDALE, AZ

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QAMAR MD, YUSUF, NEWTON, KS
QUIGLEY MD, JAMES, SHAWNEE MISSION, KS
QUIGLEY MD, PATRICK R, COLUMBIA, MO
QUINLAN D O, GREGORY H, FORT SCOTT, KS
QUINN MD, CHARLES E, KANSAS CITY, KS
QUINN MD, JOHN M, KANSAS CITY, KS
QUINONES MD, ELADIO A, TAMPA, FL

RABE MD, MELVIN A, LEAVENWORTH, KS
RABE, AMY C, WICHITA, KS
RACELA JR MD, ANTONIO S, SHAWNEE MISSION, KS
RADAKOVICH, RICKY R, KANSAS CITY, KS
RADOVANOV MD, RADMILA, WICHITA, KS
RAGHAVAN MD, PARULA P, WICHITA, KS
RAGHAVAN MD, PRAKASH V, WICHITA, KS
RAINBOW-EARHART MD, KATHRYN A, TOPEKA, KS
RAJEWSKI MD, RICHARD L, HAYS, KS
RAJU MD, A S PADMA, TOPEKA, KS
RALSTIN MD, JAMES H, KANSAS CITY, KS
RAMBERG MD, STEVEN M, KANSAS CITY, KS
RAMIREZ MD, AUGUSTO H, PITTSBURG, KS
RAMIREZ MD, IRENE P, PITTSBURG, KS
RAMSEY MD, BARTLETT W, TOPEKA, KS
RAMSEY MD, TRACY C, WICHITA, KS
RANDALL MD, GEORGE R, WICHITA, KS
RANDALL MD, GEORGE R, WICHITA, KS
RANSIN MD, KRISTI, SHAWNEE MISSION, KS
RANSOM MD, JAMES H, TOPEKA, KS
RANSOM MD, JAMES H, TOPEKA, KS
RANSOM MD, WILLARD B, OTTAWA, KS
RAO MD, MEENA, HUTCHINSON, KS
RASMUSSEN MD, THOMAS J, SHAWNEE MISSION,

RASMUSSEN MD, THOMAS J, SHAWNEE MISSION, KS
RATE MD, PEGGY S, HUTCHINSON, KS
RATE MD, POBERT G, HUTCHINSON, KS
RATE MD, POBERT G, HUTCHINSON, KS
RATZLAFF MD, JAMES D, WICHITA, KS
RAUSCH MD, FRANCISCO C, WICHITA, KS
RAUSCH MD, MICHAEL A, EL DORADO, KS
RAWCLIFFE JR MD, ROBERT A, WICHITA, KS
RAZEK MD, DAVID J, CONCORDIA, KS
RAZEK MD, THOMAS C, WICHITA, KS
REAZEK MD, THOMAS C, WICHITA, KS
REALS MD, THOMAS C, WICHITA, KS
REALS MD, WILLIAM J, WICHITA, KS
REASONER, BRIAN M, SHAWNEE MISSION, KS
REAZIN MD, WALTER L, WICHITA, KS
RECKLING MD, FREDERICK W, KANSAS CITY, KS
REDDY MD, P JAGANNADHA, HILL CITY, KS
REDDY MD, P JAGANNADHA, HILL CITY, KS
REDDY MD, SATTI S, GREAT BEND, KS
REDDY MD, SUGUNA V, EL DORADO, KS
REDDY MD, CHOMAN C, SHAWNEE MISSION, KS
REED MD, DORAMER, WICHITA, KS
REED MD, DORAMER, WICHITA, KS
REED MD, DORAMER, WICHITA, KS
REED MD, DAVID D, WICHITA, KS
REED MD, JAMES S, LAWRENCE, KS
REED MD, JOHN L, LAWRENCE, KS
REESE MD, JOHN L, LAWRENCE, KS
REED MD, WICHITA, KS
REESE MD, JOHN L, LAWRENCE, KS
REESE MD, JOHN L, LAW

REIMER, ARLO J, SHAWNEE MISSION, KS
REINHARDT-WULF MD, TAISSIA L, GARDEN PLAIN,
KS
REISMAN MD, VICTOR E, TOPEKA, KS
REISMAN MD, MICHAEL A, WICHITA, KS
REISWIG MD, GAPY W, WICHITA, KS
REISWIG MD, JEFFREY S, WICHITA, KS
REINICH MD, RONALD S, KANSAS CITY, MO
RELIHAN MD, DONALD A, WICHITA, KS
REMPEL MD, JOHN H, WICHITA, KS
RENNER MD, PATRICK A, SHAWNEE MISSION, KS
REPLOGLE MD, CHARLES B, GREAT BEND, KS
RESCHLY MD, RONALD R, HALSTEAD, KS
RETTELE MD, GARRICK A, LITTLE ROCK, AR
REUSSER MD, LAYNE M, WICHITA, KS
REUSSNER MD, LEF, ROCHESTER, NY
REVELS MD, HARRY, SHAWNEE MISSION, KS
REYES JR MD, FRANCISCO A, OTTAWA, KS
REYES MD, GERARDO, WICHITA, KS
REYMOND MD, RALPH D, TOPEKA, KS
REYNOLDS MD, MICHAEL G, SHAWNEE MISSION, KS
REYNOLDS MD, TERESA A, WICHITA, KS
REYNOSO MD, LANCE A, OTTAWA, KS
RHOADES MD, JOYD M, SHAWNEE MISSION, KS
REYNOSD MD, LANCE A, OTTAWA, KS
RHOADS MD, JAMES P, TOPEKA, KS

RHOADS MD, JEFFREY P, TOPEKA, KS
RHODES MD, IVAN E, RIO VERDE, AZ
RHODES MD, JAMES B, KANSAS CITY, KS
RHODES MD, LOWELL M, WICHITA, KS
RICCI MD, ROBERT L, TOPEKA, KS
RICCE MD, BERNARD F, SHAWNEE MISSION, KS
RICHARDS MD, DALLAS L, HAYS, KS
RICHARDS MD, DAVID A, ROY, UT
RICHARDS MD, JON F, SALINA, KS
RICHARDSON II D O, LESTER E, SHAWNEE MISSION, KS

RS
RICHARDSON MD, JAY L, SHAWNEE MISSION, KS
RICHARDSON, KAREN M, DENVER, CO
RICHMAN MD, DANA R, HUTCHINSON, KS
RICHMAN MD, DAND S, HUTCHINSON, KS
RICHTER MD, DON G, SHAWNEE MISSION, KS
RICK JR MD, GREGORY G, SHAWNEE MISSION, KS
RICK JR MD, GREGORY G, SHAWNEE MISSION, KS
RICKETTS-KINGFISHER MD, DAVID J, TOPEKA, KS
RIDER MD, JAMES W, ATCHISON, KS
RIDER MD, JAMES W, ATCHISON, KS
RIDER MD, LARLES H, COLDWATTER, KS
RIDER MD, LOUIS E, KANSAS CITY, KS
RIEGEMD, KEVIN P, PANAMA CITY BEACH, FL
RIEGER MD, ERNEST H, WICHITA, KS
RIEKHOF MD, PAUL L, SHAWNEE MISSION, KS
RIFFEL MD, LAWRENCE D, SHAWNEE MISSION, KS
RIGGS MD, KAY R, WICHITA, KS
RINDT MD, PHILLIP L, FREDONIA, KS
RIORDAN MD, HUGH D, WICHITA, KS
RISING MD, JESSE D, KANSAS CITY, MO
RIVERA D O, DARLA K, WICHITA, KS
RIVERA-ORTIZ MD, EPIFANIO, WICHITA, KS
ROACH MD, NEIL E, WICHITA, KS
ROBBINS MD, ROBERT G, HALSTEAD, KS
ROBBINS MD, KATHLEEN M, WICHITA, KS
ROBBINS MD, KATHLEEN M, WICHITA, KS
ROBBIRS MD, KATHLEEN M, WICHITA, KS
ROBERTS D O, ROGER W, WICHITA, KS
ROBERTS MD, SHELDON D, GARDEN CITY, KS
ROBERTSON MD, LOSEPH K WICHITA KS
ROBERTSON MD, LOSEPH K WICHITA KS

RS
ROBERTSON MD, JOSEPH K, WICHITA, KS
ROBICHAUX MD, JOHN C, WICHITA, KS
ROBICHAUX MD, JOHN C, WICHITA, KS
ROBINSON MD, DAVID B, TOPEKA, KS
ROBINSON MD, DAVID W, SHAWNEE MISSION, KS
ROBINSON MD, JOHN D, SHAWNEE MISSION, KS
ROBINSON MD, JOHN D, SHAWNEE MISSION, KS
ROBINSON MD, ROBERT H, WICHITA, KS
ROBINSON MD, ROBERT H, WICHITA, KS
ROBINSON MD, ROBERT H, WICHITA, KS
ROBL MD, DAVID A, WICHITA, KS
ROCKEFELLER MD, JOHN D, TOPEKA, KS
RODERICK MD, JAMES E, SALINA, KS
RODERICK MD, JAMES E, SALINA, KS
RODRIGUEZ MD, HECTOR D, KANSAS CITY, KS
RODRIGUEZ MD, HECTOR D, KANSAS CITY, KS
RODRIGUEZ MD, PAUL L, GARDEN CITY, KS
RODRIGUEZ MD, WILMAR C, EL DORADO, KS
RODRIGUEZ MD, WILMAR C, EL DORADO, KS
RODRIGUEZTOCKER MD, LILIA, WICHITA, KS
ROBERS MD, ROBERT E, TOPEKA, KS
ROGERS MD, BECKY J, KANSAS CITY, KS
ROHLMAN MD, VALERIE C, WICHITA, KS
ROMALIS MD, BRIAN E, WICHITA, KS
ROMEREIM MD, MARK E, ANDOVER, KS
ROMNEREIM MD, MARK E, ANDOVER, KS
ROMNEREIM MD, STEVEN A, OLATHE, KS
ROONEY D O, MICHAEL N, DODE CITY, KS
ROPE MD, DOUGLAS M, SHAWNEE MISSION, KS
RORABAUGH MD, DONALD C, ABILENE, KS
ROSALES MD, JEDGAR, SALINA, KS
ROSE MD, DONALD L, BELLA VISTA, AR
ROSE MD, DONALD L, BELLA VISTA, AR
ROSE MD, SHELBY D, WICHITA, KS
ROSE MD, SHELBY D, WICHITA, KS
ROSE MD, SHELBY D, WICHITA, KS
ROSE MD, DONALD E, TOPEKA, KS
ROSEN MD, DONALD E, TOPEKA, KS
ROSENBERG MD, STANTON L, SHAWNEE MISSION,

KS ROSENBERG MD, THOMAS F, WICHITA, KS ROSENTHAL MD, HOWARD G, KANSAS CITY, KS ROSENTHAL MD, RICHARD H, SHAWNEE MISSION,

KS
ROSENTHAL MD, STANTON J, KANSAS CITY, KS
ROSIN MD, ROBERT L, SCOTT CITY, KS
ROSIN MD, ALBERT M, WICHITA, KS
ROSS MD, DAVID K, ARKANSAS CITY, KS
ROSS MD, DENNIS LEE, WICHITA, KS
ROSS MD, JACK L, LAWRENCE, KS
ROTERT MD, LARRY, TOPEKA, KS
ROTH MD, ALAN E, KANSAS CITY, KS
ROTHEMICH MD, STEPHEN F, KANSAS CITY, KS
ROTHETEIN MD, TERRY B, PARSONS, KS
ROWLETT MD, JACK G, PAOLA, KS

ROY MD, WILLIAM R, TOPEKA, KS
ROYAL MD, LOUIS R, WICHITA, KS
RUBIN MD, HERBERT M, SHAWNEE MISSION, KS
RUBLE JR MD, JAMES L, OVERBROOK, KS
RUBLE MD, REBECCA A, KANSAS CITY, KS
RUCKER MD, MARK R, WICHITA, KS
RUHLEN MD, JAMES L, OLATHE, KS
RUHLEN MD, THOMAS F, OLATHE, KS
RUHLEN MD, THOMAS F, OLATHE, KS
RUIZ MD, CARLOS M, GREAT BEND, KS
RUMBAOA, PHILIP L, KANSAS CITY, KS
RUMBSEK MD, JOHN D, WICHITA, KS
RUNDQUIST MD, BETH, LAWRENCE, KS
RUNNELS MD, JOHN B, PALO ALTO, CA
RUSSELL KIMBERLY A, SHAWNEE MISSION, KS
RUZICKA MD, LUECHA, HAYS, KS
RUZICKA MD, LAWRENCE J, CONCORDIA, KS
RYAN MD, JOHN M, MARYSVILLE, KS
RYAN MD, JOHN M, MARYSVILLE, KS
RYAN MD, LORI K, KANSAS CITY, MO
RYAN MD, MICHAEL E, SHAWNEE MISSION, KS
RYAN MD, SHERRY L, RAYTOWN, MO
RYMER MD, ROBERT A, SHAWNEE MISSION, KS

S

SABA MD, MEKKI M, FORT SCOTT, KS
SABANGAN MD, JOEL S, WICHITA, KS
SABIN JA M D, GEORGE M, WICHITA, KS
SACK MD, JOSEPH M, WICHITA, KS
SACK MD, JOSEPH M, WICHITA, KS
SADIQ MD, SULEMAN, WICHITA, KS
SAJADI MD, SEYED A, KANSAS CITY, KS
SALONE MD, JEANETTE C, WICHITA, KS
SAMUEL MD, CHANDY C, WINFIELD, KS
SANCHEZ MD, JOSE J, WICHITA, KS
SANCHEZ MD, HOGELIO, TOPEKA, KS
SANCHEZ MD, ROGELIO, TOPEKA, KS
SANCHEZ, NOEL C, KANSAS CITY, KS
SANDERS MD, GLORIA D, WICHITA, KS
SANDERS MD, JALAN, LAWRENCE, KS
SANDSTROM, ERIK D, WICHITA, KS
SANTOS MD, JOAQUIN G, WICHITA, KS
SANTOS MD, JOAQUIN G, WICHITA, KS
SANTOS MD, JOAQUIN G, WICHITA, KS
SARGENT MD, JENNIFER E, WICHITA, KS
SARGENT MD, JENNIFER E, WICHITA, KS
SARGENT MD, JOSEPH D, TOPEKA, KS
SATYANARAYANA MD, SARASWATHI, SHAWNEE

MISSION, KS
SATYA-MURTI MD, SATYA, PARSONS, KS
SAVAGE MD, W RICHARD, HUTCHINSON, KS
SAWKAR MD, LAXMIDAS A, SHAWNEE MISSION, KS
SAWKAR MD, LAXMIDAS A, SHAWNEE MISSION, KS
SAWYER MD, TIMOTHY T, TOPEKA, KS
SAYLOR MD, FOR TOPEKA, KS
SAYLOR MD, EDWARD H, TOPEKA, KS
SAYLOR MD, RANDEL L, HUTCHINSON, KS
SAYLOR MD, TEPHEN, TOPEKA, KS
SCANLON MD, TIMOTHY M, WICHITA, KS
SCANLAN MD, TIMOTHY M, WICHITA, KS
SCANLON JR MD, JAMES H, HADDAM, CT
SCHAETZEL D O, WILLIAM P, TOPEKA, KS
SCHEEL MD, DANIEL C, OLATHE, KS
SCHEEL MD, BRADLEY J, HUTCHINSON, KS
SCHEINBERG MD, KENNETH, WICHITA, KS
SCHEKKALL MD, MICHAEL J, HUTCHINSON, KS
SCHEINBERG MD, RICHARD P, EMPORIA, KS
SCHERMOLY MD, MARTIN V, OLATHE, KS
SCHEWFLER, STEVEN R, WICHITA, KS
SCHIMKE MD, R NEIL, KANSAS CITY, KS
SCHLAGECK MD, JOSEPH G, WICHITA, KS
SCHLEMMER MD, ROGER B, PITTSBURG, KS
SCHLICHER MD, ROGER B, PITTSBURG, KS
SCHLICHER MD, FINEST R, WICHITA, KS
SCHLICHER MD, ROGER B, PITTSBURG, KS
SCHLICHER MD, FINEST R, WICHITA, KS
SCHLICHER MD, FOREST R, WICHITA, KS
SCHLICHER MD, ROGER B, PITTSBURG, KS
SCHLICHER MD, FINEST R, WICHITA, KS
SCHLICHER MD, KIMBERLY A, SHAWNEE MISSION,

SCHLOERB MD, PAUL R, KANSAS CITY, KS
SCHLOESSER CLARK MD, ANNE, PRESTON, CT
SCHLOESSER MD, HARVEY L, TOPEKA, KS
SCHLOESSER MD, PATRICIA T, TOPEKA, KS
SCHLOESSER MD, PETER E, TOPEKA, KS
SCHLOSSER, DANIEL B, KANSAS CITY, KS
SCHLOZMAN MD, DANIEL L, KANSAS CITY, MO
SCHLUETER MD, JOHN J, WICHITA, KS
SCHMIDT MD, DARYN R, WICHITA, KS
SCHMIDT MD, LADONA, SALINA, KS
SCHMIDT MD, MARTY L, FORT SCOTT, KS
SCHMIDT MD, MARTY L, FORT SCOTT, KS
SCHMIDT MD, RAMON W, SALINA, KS
SCHMIDT, ROBERT J, KANSAS CITY, MO

SCHNEIDER MD, SETH A, WICHITA, KS
SCHNEIDER, DAVID J, KANSAS CITY, KS
SCHNELLE MD, JOACHIM, WICHITA, KS
SCHNIEROW MD, BRADLEY J, ENCINO, CA
SCHNOEBELEN MD, RENE E, KINSLEY, KS
SCHOELING MD, RICK D, ARKANSAS CITY, KS
SCHOPF MD, CLIFTON C, WICHITA, KS
SCHOWENGERDT MD, ANDREW W, MONTEZUMA, KS
SCHRADER, JEAN M, KANSAS CITY, KS
SCHRAM MD, PETER C, TOPEKA, KS
SCHREPFER MD, ROSEMARY, SHAWNEE MISSION,

SCHROEDER D O, BRADLEY L, TOPEKA, KS SCHROEDER MD, JOEL, KANSAS CITY, KS SCHROEDER MD, SYDNEY O, LAWRENCE, KS SCHROEDER MD, SYDNEY O, LAWHENCE, KS SCHROEDER, JON E, WICHITA, KS SCHROLL MD, JOHN T, SHAWNEE MISSION, KS SCHUETZ MD, PERRY N, GREAT BEND, KS SCHUKAI MD, KATHERINE B, SHAWNEE MISSION, KS SCHUETZ MD, PERRY N, GREAT BEND, KS
SCHUKAI MD, KATHERINE B, SHAWNEE MISSION, KS
SCHUKAI MD, KATHERINE B, SHAWNEE MISSION, KS
SCHULTZ MD, CHARLES C, HAYS, KS
SCHULTZ MD, CHARLES C, HAYS, KS
SCHULTZ, JEFFREY J, SHAWNEE MISSION, KS
SCHUARTING MD, J STEVEN, ABILENE, KS
SCHWARTING MD, J STEVEN, ABILENE, KS
SCHWARTZ MD, EUGENE W, DODGE CITY, KS
SCHWARTZ MD, FUGENE W, DODGE CITY, KS
SCHWARTZ MD, V DEAN, WICHITA, KS
SCHWEGLER MD, RAYMOND A, LAWRENCE, KS
SCHWEGLER MD, RAYMOND A, KANSAS CITY, KS
SCHWEGLER MD, TY L, SHAWNEE MISSION, KS
SCHWORM MD, CURTIS P, KANSAS CITY, KS
SCHWORM MD, CURTIS P, KANSAS CITY, KS
SCOTT MD, CHESTER E, SALINA, KS
SCOTT MD, CHESTER E, SALINA, KS
SCOTT MD, WILLIAM H, WICHITA, KS
SCROGGIE MD, DANIEL J, NEWTON, KS
SEARIGHT MD, LOWELL R, HIAWATHA, KS
SEARLE MD, ROBERT D, SALINA, KS
SEBREE MD, STEVEN G, SALINA, KS
SEBREE MD, STEVEN G, SALINA, KS SEBREE MD, STEVEN G, SALINA, KS SEBREE MD, STEVEN G, SALINA, KS
SEELEY MD, JAMES C, ST MARYS, KS
SEERY MD, DONALD S, WICHITA, KS
SEGEBRECHT MD, STEPHEN L, LAWRENCE, KS
SEGLIE MD, F RONALD, PITTSBURG, KS
SEHDEV MD, JOAN, TOPEKA, KS
SEHDEV, KIRAN, DALLAS, TX
SEITZ MD, RICHARD F, SHAWNEE MISSION, KS
SELLBERG MD, MARTIN E, WICHITA, KS
SELLERS MD, JEFF D, TOPEKA, KS
SELLERS MD, JEFF D, TOPEKA, KS SEN SARMA MD, PRONAB K, WICHITA, KS SENNE HUNT MD, DIANE L, WICHITA, KS SETO MD, TAKESHI, OTTAWA, KS SEVIER MD, SAMUEL M, MUSKOGEE, OK SEVIER MD, SAMUEL M, MUSKOGEE, OK
SHAAD MD, DOROTHY J, SHAWNEE MISSION, KS
SHAFER MD, JAMES J, SALINA, KS
SHAFER MD, PRESTON J, PAYSON, AZ
SHAFFER MD, CHAD P, ATCHISON, KS
SHAFFER MD, KATHLEEN B, SHAWNEE MISSION, KS
SHAFFER MD, SUZANNE H, ATCHISON, KS
SHAH MD, ASHOK H, INDEPENDENCE, KS
SHAH MD, KENNETH J, WICHITA, KS
SHAH MD, MIAN MIKARDAM LABNED SHAH MD, KENNETH J, WICHITA, KS SHAH MD, MIAN MUKARRAM, LARNED, KS SHAH MD, MUKHTAR H, WICHITA, KS SHAH MD, NASREEN, LARNED, KS SHAH MD, SUBHASH H, WICHITA, KS SHAHZADA MD, KAMRAN, ARKANSAS CITY, KS SHAMPAINE MD, KAMHAN, ARKANSAS C SHAMPAINE MD, ERIC L, WICHITA, KS SHAPIRO MD, WILLIAM M, WICHITA, KS SHARMA MD, ARUN L, PARSONS, KS SHARP MD, CHAD E, WICHITA, KS SHARP MD, CHAD E, WICHITA, KS
SHAVER MD, TIMOTHY S, WICHITA, KS
SHAW MD, PAMELA K, KANSAS CITY, KS
SHAW MD, RICHARD C, WICHITA, KS
SHEAFOR MD, DOUGLAS, TOPEKA, KS
SHEARS MD, ROBERT N, HUTCHINSON, KS
SHEEHY MD, PATRICK G, TOPEKA, KS SHEERN MD, MARK DOUGLAS, ABILENE, KS
SHEFFER MD, KEITH D, OLATHE, KS
SHEFFIELD MD, MICHAEL A, MANHATTAN, KS
SHELL MD, JOHN R, BURLINGTON, KS
SHELLITO MD, JOHN G, WICHITA, KS
SHELLITO MD, JOHN L, WICHITA, KS
SHELTON MD, STEPHEN E, TOPEKA, KS
SHEPPARD MD, ROBERT G, SMITH CENTER, KS
SHERARD MD, JOHN L, COTTONWOOD FALLS, KS
SHERARD MD, SARAH L, EMPORIA, KS
SHERBON MD, MARY L, WICHITA, KS
SHERIDAN MD, RANDY M, SHAWNEE MISSION, KS
SHERWOOD JR MD, CLARENCE E, TOPEKA, KS
SHETLAR D O, JOHN M, SALINA, KS SHEERN MD, MARK DOUGLAS, ABILENE, KS SHETLAR D O, JOHN M, SALINA, KS

SHEU MD, W ERIC, TOPEKA, KS SHIAO MD, TSENG-KUO, SHAWNEE MISSION, KS SHIDELER, BARBARA M, SHAWNEE MISSION, KS SHIDELER, BARBARA M, SHAWNEE MISSION, KS SHIELD MD, CHARLES, WICHITA, KS SHIELDS JR MD, JAMES M, EL DORADO, KS SHIELDS MD, NAOMI N, WICHITA, KS SHIMSHAK MD, KAREN S, SHAWNEE MISSION, KS SHIREMAN MD, PETER K, MUSKEGON, MI SHIVEL MD, DAVID G, GREAT BEND, KS SHIVELY MD, ROBERT M, ELLINWOOD, KS SHIVEL MID, DAVID G, GREAT BEID, KS
SHOFFNER MD, ROBERT M, ELLINWOOD, KS
SHOFFNER MD, RICHARD W, WICHITA, KS
SHORT, WILLIAM L, SHAWNEE MISSION, KS
SHRADER MD, C ERIC, WICHITA, KS
SHRADER MD, DOYLE A, WICHITA, KS
SHRIWISE MD, TOM L, ATCHISON, KS
SHULL D O, MICHAEL W, WICHITA, KS
SHULL D O, MICHAEL W, GARDEN CITY, KS
SHULTZ MD, GLEN L, WICHITA, KS
SIEGLE MD, LORA A, COUNCIL GROVE, KS
SIEMENS MD, RICHARD A, LYONS, KS
SIFERS MD, TIMOTHY M, SHAWNEE MISSION, KS
SIFFORD MD, R LAWRENCE, WICHITA, KS
SILER MD, EUGENE T, LAWRENCE, KS
SILER MD, JAMES W, WICHITA, KS
SILLS MD, CHARLES T, NEWTON, KS
SILVER MD, BRADD J, SHAWNEE MISSION, KS
SILVER MD, BRADD J, SHAWNEE MISSION, KS
SIMMONS MD, MARK S, SHAWNEE MISSION, KS SILVER MD, BRADD J, SHAWNEE MISSION, KS
SIMMONS MD, MARK S, SHAWNEE MISSION, KS
SIMMONS MD, MICHAEL R, GIRARD, KS
SIMMONS MD, ROBERT E, NEWTON, KS
SIMMONS MD, SHAWN T, WICHITA, KS
SIMMS MD, DAVID A, WICHITA, KS
SIMON MD, STEVEN M, SHAWNEE MISSION, KS
SIMONE MD, JOSEPH N, SHAWNEE MISSION, KS
SIMONY-SCOLOFSKY MD, M ANN, SHAWNEE
MISSION KS MISSION, KS SIMPSON MD, KAREN M, KANSAS CITY, KS SIMPSON MD, ROBERT L, QUINCY, IL
SIMPSON MD, TOM C, STERLING, KS
SIMPSON MD, WILLIAM S, TOPEKA, KS
SINCLAIR MD, RICHARD H, SHAWNEE MISSION, KS SINGER MD, GLEN D, IOLA, KS SINGH MD, GIRVAR, ARKANSAS CITY, KS SINGH MD, GURINDER, KANSAS CITY, KS SINGH MD, GURINDER, KANSAS CITY, KS SINGH, RAHUL P, WICHITA, KS SINNING MD, GARY, HIAWATHA, KS SISK MD, PHILLIP B, TOPEKA, KS SIWEK MD, CHRISTOPHER W, EL DORADO, KS SKAER MD, STANLEY A, EUREKA, KS SKIBBA MD, RICHARD M, WICHITA, KS SLAGLE MD, GENELLE J, SHAWNEE MISSION, KS SLAUGHTER, JERRY, TOPEKA, KS
SLOO MD, MILO G, SALINA, KS
SLUTSKY MD, LAWRENCE J, WICHITA, KS
SMITH D O, JOHN P, WICHITA, KS
SMITH D O, JAMES A M, WICHITA, KS
SMITH JR MD, FLOYD L, COLBY, KS
SMITH MD, ALVIN L, WICHITA, KS
SMITH MD, ANN I, OLATHE, KS
SMITH MD, ROYDE SALINA KS SMITH MD, BOYD E, SALINA, KS SMITH MD, BRUCE G, ARKANSAS CITY, KS SMITH MD, DALE C, SHAWNEE MISSION, KS SMITH MD, DAVID E, SALINA, KS SMITH MD, DEBRA L, KANSAS CITY, KS SMITH MD, DONALD J, SHAWNEE MISSION, KS SMITH MD, JOHN D, SALINA, KS SMITH MD, JON A, SALINAS, CA SMITH MD, JON A, SALINAS, CA
SMITH MD, LINDALL E, WICHITA, KS
SMITH MD, MARGARET H, SHAWNEE MISSION, KS
SMITH MD, MARGARET L, KANSAS CITY, KS
SMITH MD, MARK A, WICHITA, KS
SMITH MD, MICHAEL L, MADISON HEIGHTS, MI
SMITH MD, NEWTON C, ARKANSAS CITY, KS
SMITH MD, PERRY M, GREAT BEND, KS
SMITH MD, RACHEL S, MANHATTAN, KS
SMITH MD, THOMAS W, HUTCHINSON, KS
SMITH MD, WILLIAM E, WICHITA, KS
SMITH MD, WILLIAM P, SHAWNEE MISSION, KS
SMITH HD, WILLIAM P, SHAWNEE MISSION, KS
SMITH-KING MD, MAUREEN M, KANSAS CITY, KS
SMITH, HEATHER E, KANSAS CITY, KS SMITH, HEATHER E, KANSAS CITY, KS SMITH, KOLETTE L, KANSAS CITY, KS SNARR MD, JACK W, TOPEKA, KS SNIDER MD, BRUCE B, OLATHE, KS SNODELL MD, FIRMIN E, SHAWNEE MISSION, KS SNODGRASS MD, TED C, WICHITA, KS SNOW JR MD, ARTHUR D, SHAWNEE MISSION, KS SNOWBARGER MD, MARVIN D, EMPORIA, KS SNYDER MD, GREGG M, WICHITA, KS SNYDER MD, JULIE, ALBUQUERQUE, NM SNYDER MD, MARK D, SALINA, KS SNYDER MD, RICHARD H, OLATHE, KS SNYDER MD, STEPHANIE F, WICHITA, KS

SOLLO MD, DAVID G, WICHITA, KS
SOLLO MD, NATALIE R, WICHITA, KS
SOLOMON MD, HERMAN, WICHITA, KS
SOLTZ MD, ROBERT A, WICHITA, KS
SOMERA MD, JOSE D, AUBURNDALE, FL
SOMERS MD, MARVIN M, WICHITA, KS
SONGER MD, HERBERT L, ABILENE, KS
SOUCEK MD, CHARLES D, KANSAS CITY, KS SOURK MD, ROBERT L, HUTCHINSON, KS SPANGLER MD, HENRY E, TOPEKA, KS SPANN MD, RICHARD W, WICHITA, KS SPANN MD, RICHARD W, WICHITA, KS
SPARACINO D O, JEFFERY L, SALINA, KS
SPARKS MD, STEPHEN T, WICHITA, KS
SPEARMAN MD, JESSE L, SAN DIEGO, CA
SPEARS MD, CHESTER A, WICHITA, KS
SPEED MD, JAMES K, WICHITA, KS
SPEER MD, LELAND, KANSAS CITY, KS
SPEER MD, LOLIS N, OTTAWA, KS
SPENCER MD, JOHN HAROLD, FORT SCOTT, KS
SPENCER MD, JOHN P, HUTCHINSON, KS
SPENCER MD, JOHN P, HUTCHINSON, KS
SPENCER MD, WAYNE E, TOPEKA, KS
SPIEKER MD, JOHN B, KANSAS CITY, KS
SPIEKER MD, JOHN B, KANSAS CITY, KS
SPITTZER MD, JEROME S, HUTCHINSON, KS
SPITTZER MD, JEROME S, HUTCHINSON, KS SPITTLER MD, LEO J, SHAWNEE MISSION, KS
SPITZER MD, JEROME S, HUTCHINSON, KS
SPRADLIN MD, MICHAEL L, SHAWNEE MISSION, KS
SPRANT MD, DENNIS P, OTTAWA, KS
SPRINGER MD, MARK J, WICHITA, KS
SRIKUREJA DO, SURIN, COFFEYVILLE, KS
ST CLAIR D O, DONNA M, DERBY, KS
ST CLAIR D O, DWIGHT, WICHITA, KS
STAATS MD, RODNEY M, WICHITA, KS
STACEY MD, KIMBALL, LAWRENCE, KS
STADALMAN MD, ROSS E, HAYS, KS
STAFFORD MD, ROBERT W, HUTCHINSON, KS
STAMPS MD, PHIL, WICHITA, KS STAFFORD MD, ROBERT W, HUTCHINSON, KS
STAMPS MD, PHIL, WICHITA, KS
STANDLEE MD, TIM E, OLATHE, KS
STANG MD, PATRICK W, GREAT BEND, KS
STANGA MD, JAMES A, WICHITA, KS
STANLEY MD, KENNETH E, BIG SPRING, TX
STANLEY MD, REX C, PAOLA, KS
STARK MD, JAMES R, WICHITA, KS
STARKEY MD, JERALD L, RUSSELL, KS
STASS-ISERN MD, MERRILL, SHAWNEE MISSION, KS STECH MD, JOSEPH M, ANDALE, KS STECHSCHULTE MD, DANIEL J, KANSAS CITY, KS STECKLEY MD, RICHARD A, WICHITA, KS STEELBERG MD, ELSIE, WICHITA, KS STEELE MD, CLARENCE H, KANSAS CITY, KS STEER MD, PHYLLIS L, KANSAS CITY, KS STEERE MD, DIANE M, WICHITA, KS STEEVES MD, JOHN H, EMPORIA, KS STEHR MD, CHRISTIAN H, KANSAS CITY, KS STEIN MD, CHRISTIAN H, KANSAS CITT, I STEICHEN MD, EDWARD F, KEARNEY, NE STEIN MD, JOSEPH M, TOPEKA, KS STEIN MD, MATTHEW, LAWRENCE, KS STEIN MD, PAUL S, WICHITA, KS STEINBERGER MD, RICHARD E, WICHITA, KS STEINBERGER MD, RICHARD E, WICHITA, KS STEINSHOUER, HEIDI E, KANSAS CITY, KS STEINZEIG MD, SHERMAN M, SHAWNEE MISSION, STEMBRIDGE MD, TRAVIS W, WICHITA, KS STEPHANZ JR MD, GERALD B, WICHITA, KS STEPHENS D O, G MARCUS, MINNEOLA, KS STEPHENS MD, CHARLES, MINNEOLA, KS STEPHENSON MD, LUCILLE C, ST FRANCIS, KS STEVENS MD, WM. MICHAEL, WICHITA, KS STEVENS MD, LEAH J, LEAVENWORTH, KS STEVENS MD, MILDRED J, GARNETT, KS STEVENS MD, PHILIP L, TONGANOXIE, KS STEVENS MD, RONALD, NEWTON, KS STEVENS, AMY K, KANSAS CITY, KS STEWARD MD, BRENT E, SHAWNEE MISSION, KS STEWART MD, DANIEL L, KANSAS CITY, KS STEWART, ROBERT H, WICHITA, KS STILLIONS MD, DUANE M, KANSAS CITY, MO STILLIONS MD, DUANE M, KANSAS CITY, MO STINGO, ANDREW J, NORTH KANSAS CITY, MO STIRLING, CORY J, SHAWNEE MISSION, KS STITES MD, SANDRA R, SHAWNEE MISSION, KS STOFER MD, BERT E, PEORIA, AZ STOFFER MD, ROBERT P, WICHITA, KS STONE MD, CHESTER W, EMPORIA, KS STONE MD, G REX, MANHATTAN, KS STONE MD, GRANT C, ATTICA, KS STOPP D O, HAROLD R, WICHITA, KS STOSKOPF MD, LAWRENCE E, SALINA, KS STOULT MD, LAWREN M, HITCHINSON, KS

STOUT MD, JAMES M, HUTCHINSON, KS

SNYDER MD, THOMAS E, KANSAS CITY, KS

SNYDER, HEIDI L, KANSAS CITY, KS SODER MD, ERIC A, WICHITA, KS SOLLO MD, DAVID G, WICHITA, KS

STOUT MD, NILES M, LYNDON, KS STPETER, DAVID A, KANSAS CITY, KS STRANATHAN D O, SIDNEY W, KIOWA, KS STRANGE MD, BRIAN H, HUTCHINSON, KS STREET MD, DAVID E, WICHITA, KS
STREET MD, DAVID E, WICHITA, KS
STREIT MD, JEROME G, WICHITA, KS
STRICKLAND MD, JOHN T, SHAWNEE MISSION, KS
STRICKLAND MD, M I VAN, WICHITA, KS
STRICKLEND MD, CHARLES M, SHAWNEE MISSION,

STRINGFIELD MD, SCOTT L, LYONS, KS STRUTZ MD, WILLIAM C, LEAVENWORTH, KS STRYKER JR MD, HENRY B, CONCORDIA, KS STRYKER JR MD, HENRY B, CONCORDIA, KS
STUART MD, REGINA K, TOPEKA, KS
STUBBLEFIELD MD, CHARLES T, KANSAS CITY, KS
STUBLER MD, DANIEL K, AUBURN, AL
STUCKEY MD, CHARLES E, SHAWNEE MISSION, KS
STUCKY MD, DEAN E, MEDICINE LODGE, KS
STUEVE, WILLIAM G, KANSAS CITY, KS
STUEWE MD, BRAD R, SALINA, KS
STUMP MD, HARL G, HAYS, KS
STUMP MD, HARL G, HAYS, KS STUMP MD, HARL G, HAYS, KS
STUMRON MD, HARL G, HAYS, KS
STURGEON MD, JOHN B, SHAWNEE MISSION, KS
STURICH MD, JORGE M, WINFIELD, KS
SUERO MD, JESUS T, WICHITA, KS
SUFI MD, M ASHRAF, TOPEKA, KS
SUFI MD, QAISER A, TOPEKA, KS
SUGAR MD, ROBERT L, SHAWNEE MISSION, KS
SUITER MD, DANIEL JAY, PRATT, KS
SULLIVAN JR MD, HENRY B, SHAWNEE MISSION, KS
SULLIVAN MD, CORNELIUS J P, FISHKILL, NY
SULLIVAN MD, LEONARD L, WICHITA, KS
SULLIVAN MD, TOM G, SHAWNEE MISSION, KS
SUMFEST MD, JILL M, WICHITA, KS
SUMMERHILL, WENDY L, KANSAS CITY, KS
SUMNER MD, JOYCE R, HUTCHINSON, KS
SUMNER MD, MARION M, HUTCHINSON, KS
SUMNER MD, RALPH N, FREDONIA, KS
SUMPTER MD, MATTHEW T, SHAWNEE MISSION, KS SUMNER MD, RALPH N, FREDONIA, KS
SUMPTER MD, MATTHEW T, SHAWNEE MISSION, KS
SUNDBYE MD, KEVIN R, TOPEKA, KS
SUPPES MD, KIMBERLY C, LAWRENCE, KS
SUWANABHAND MD, CHALAW, LEOTI, KS
SVOBODA MD, LOIS V, WICHITA, KS
SVOBODA MD, WILLIAM B, WICHITA, KS
SWAIN, JAMES M, KANSAS CITY, KS SWAN MD, MAJOR MARTIN, AUBURN, CA SWAN MD, MAJOR MARTIN, AUBURN, CA SWARTZ MD, MARSHA A, WICHITA, KS SWEAT MD, GREGORY T, ROCHESTER, MN SWEET MD, DONNA E, WICHITA, KS SWEET MD, ROBERT A, WICHITA, KS SWIFT MD, TIMOTHY J, SALT LAKE CITY, UT SYNOVEC MD, MARK S, TOPEKA, KS SZYMKE MD, THOMAS E, WICHITA, KS

Т

TACKETT MD, ROBERT J, WAMEGO, KS
TADEO MD, RIA E, KANSAS CITY, MO
TADURAN MD, VIRGILIO, SATANTA, KS
TAGGE MD, BRUCE W, FORT SCOTT, KS
TAGUE MD, RICK R, TOPEKA, KS
TAHERNIA MD, CYRUS, TOPEKA, KS
TAKAHASHI MD, TETSURO, TOPEKA, KS
TAKBERT MD, TIMOTHY C, LYONS, KS
TAN MD, DONALD C-S, WICHITA, KS
TAN MD, LOURDES R, HAYS, KS
TANA HOMPLEUM MD, URAIWAN, PARSONS, KS
TANG MD, CHANTRA, PARSONS, KS
TANG MD, CHANTRA, PARSONS, KS
TANG MD, SAROHD, PARSONS, KS TANG MD, CHANTHA, PARSONS, KS
TANG MD, SAROHD, PARSONS, KS
TANKSLEY MD, JOHN A, HUTCHINSON, KS
TARGOWNIK MD, KARL K, TOPEKA, KS
TARNOWER MD, WILLIAM, TOPEKA, KS TARNOWER MD, WILLIAM, TOPEKA, KS
TARNOWER MD, WILLIAM, TOPEKA, KS
TARVER MD, STEPHEN D, WICHITA, KS
TATPATI MD, DANIEL A, WICHITA, KS
TATPATI MD, DANIEL A, WICHITA, KS
TATPATI MD, OLGA A, WICHITA, KS
TAWIR MD, ELIAS A, PITTSBURG, KS
TAYIEM MD, A K, ATCHISON, KS
TAYLOR MD, BARBARA D, MANHATTAN, KS
TAYLOR MD, BRENDA K, WICHITA, KS
TAYLOR MD, ELMER W, SEDAN, KS
TAYLOR MD, ELMER W, SEDAN, KS
TAYLOR MD, ELMER W, SEDAN, KS
TAYLOR MD, ELWYN J, HUTCHINSON, KS
TAYLOR MD, STEVEN L, WICHITA, KS
TAYLOR MD, STEVEN L, WICHITA, KS
TAYLOR MD, THOMAS F, SHAWNEE MISSION, KS
TAYLOR MD, THOMAS L, SHAWNEE MISSION, KS
TAYLOR MD, THOMAS L, SHAWNEE MISSION, KS
TEARE MD, MAX E, GARDEN CITY, KS

TEETER MD, SCOTT M, TOPEKA, KS
TEJANO MD, NEONILO A, HALSTEAD, KS
TEMPERO MD, STEPHEN J, TOPEKA, KS
TENBY MD, MICHAEL C, SHAWNEE MISSION, KS
TENNY MD, ROBERT T, SHAWNEE MISSION, KS TENBY MD, MICHAEL C, SHAWNEE MISSION, KS TENNY MD, ROBERT T, SHAWNEE MISSION, KS TERREBONNE MD, MAE E, WICHITA, KS TETZLAFF MD, ARCH O A, WEATHERBY LAKE, MO THAKOR MD, DENNIS S, WICHITA, KS THALBLUM MD, HARVEY, KANSAS CITY, MO THEROU MD, LEONA F, KANSAS CITY, KS THOMAS MD, DARYL L, WICHITA, KS THOMAS MD, ELIZABETH H, KANSAS CITY, KS THOMAS MD, GEORGE E, TOPEKA, KS THOMAS MD, GREGORY M, MC PHERSON, KS THOMAS MD, MAETY H, SHAWNEE MISSION, KS THOMAS MD, TAME H, KANSAS CITY, KS THOMAS MD, THOMAS V, KANSAS CITY, KS THOMAS MD, THOMAS V, KANSAS CITY, KS THOMEN II MD, ROBERT K, CHANUTE, KS THOMPSON MD, DANNIE M, KANSAS CITY, KS THOMPSON MD, MICHAEL F, SHAWNEE MISSION, K THOMPSON MD, DANNIE M, KANSAS CITY, KS
THOMPSON MD, MICHAEL F, SHAWNEE MISSION, KS
THOMPSON MD, ROBERT F, SHAWNEE MISSION, KS
THOMPSON MD, SUSAN D, CLAY CENTER, KS
THOMS MD, NORMAN W, TOPEKA, KS
THOMSEN MD, GARY, SHAWNEE MISSION, KS
THORNTON JR MD, FOXHALL P, CONCORDIA, KS
THORPE, GARY W, SHAWNEE MISSION, KS
THURSTON MD, DAVID E, TOPEKA, KS
TICKLES MD, DEBRA F, KANSAS CITY, KS
TIETZE MD, DENNIS D, TOPEKA, KS
TILLER MD, GEORGE R, WICHITA, KS
TILLER MD, GEORGE R, WICHITA, KS
TILLOTSON MD, DON R, ULYSSES, KS
TILLOTSON MD, DON R, ULYSSES, KS
TILTON MD, FRANK M, GREENVILLE, MS TILLOTSON MD, DON R, ULYSSES, KS
TILTON MD, FRANK M, GREENVILLE, MS
TIMMONS MD, BRET A, HAYS, KS
TIOJANCO MD, REYNALDO R, KANSAS CITY, KS
TIOJANCO, JOSEPH K, KANSAS CITY, KS
TIPPIN JR MD, ERNEST E, ESTES PARK, CO
TIPTON MD, KYLE M, EL DORADO, KS
TISDALE MD, TERRANCE C, HUTCHINSON, KS
TJADEN D O, BRUCE L, WICHITA, KS
TOALSON MD, WILLIAM B, SHAWNEE MISSION, KS
TOBIAS MD, ROGER R, LYONS, KS
TOBY MD, EDWARD B, KANSAS CITY, KS
TOCKER MD, ALFRED M, WICHITA, KS TOCKER MD, ALFRED M, WICHITA, KS
TOLLER MD, KEVIN K, TUCSON, AZ
TONN MD, GERHART R, WICHITA, KS
TOOHEY MD, JOHN S, WICHITA, KS
TOPLIFF MD, CONNIE L, LAWRENCE, KS
TORLINE MD, RONALD L, KANSAS CITY, KS TOSH MD, HONALD L, KANSAS CITY, KS
TOSH MD, FRED E, WICHITA, KS
TOWLE MD, DANA R, SHAWNEE MISSION, KS
TOZER MD, RICHARD C, TOPEKA, KS
TRAN MD, THOMAS (TUONG) M, WICHITA, KS
TRAN, STEVE M, KANSAS CITY, KS TRAN, STEVE M, KANSAS CITY, KS
TRAVIS MD, JOHN W, TOPEKA, KS
TREGER MD, NEWMAN V, TOPEKA, KS
TREGO MD, A JASON, WICHITA, KS
TREMPY MD, GREGORY A, SHAWNEE MISSION, KS
TRETBAR MD, LAWRENCE L, SHAWNEE MISSION, KS
TREWEEKE MD, MICHAEL W, WICHITA, KS
TRIOLO MD, PETER A, GARDEN CITY, KS
TROROLIGH MD, TODE D, TOPEKA KS TRIOLO MD, PETER A, GARDEN CITY, KS
TROBOUGH MD, TODD D, TOPEKA, KS
TROMBOLD MD, JANNA S, SHAWNEE MISSION, KS
TROTTER MD, ROGER COURTNEY, DODGE CITY, KS
TROUTMAN D O, BETTY, WICHITA, KS
TROY, TERESA J, KANSAS CITY, KS
TRUE MD, JOHN H, JUNCTION CITY, KS
TRUEWORTHY MD, ROBERT C, KANSAS CITY, KS
TRUULLO MD, ANTERO A, WICHITA, KS
TRUONG D O, HAI K, WICHITA, KS
TRUONG D O, THANH N, WICHITA, KS
TRYGG MD, KELLY A, WICHITA, KS
TSAI MD, CHIA-HSUN, TOPEKA, KS
TSCHOPP MD, CHARLES F, ANCHORAGE, AK TSAI MD, CHIA-HSUN, TOPEKA, KS
TSCHOPP MD, CHARLES F, ANCHORAGE, AK
TTOFI MD, CHRISTOPHER S, NEWINGTON, CT
TUCKER D O, DAVID A, WICHITA, KS
TUCKER MD, SHERIDAN G, SHAWNEE MISSION, KS
TUCKER MD, VIRGINIA L, KANSAS CITY, KS
TURNER MD, GOBERT, WICHITA, KS
TURNER MD, JOHN W, GARDEN CITY, KS
TURNER MD, LANE E, SHAWNEE MISSION, KS
TURNER MD, WADE A, WINFIELD, KS
TURNER, SHELLEY A, KANSAS CITY, KS
TUTUSKA MD, PETER J, TOPEKA, KS
TWEET MD, FREDRICK A, PITTSBURG, KS

TWEITO MD, DAVID H, HUTCHINSON, KS
TYSON MD, MARY M, SHAWNEE MISSION, KS

U

UBELAKER MD, ERNEST J, SOUTH HAVEN, KS UGARTE MD, FERNANDO, MARYSVILLE, KS UHLIG MD, PAUL N, WICHITA, KS UHR MD, NATHANIEL, TOPEKA, KS UMLAUF D O, EDWARD S, INDEPENDENCE, KS UNDERWOOD MD, CHARLES C, EMPORIA, KS UNDERWOOD MD, JOHN (JOHNSON IV), SPRINGFIELD, IL UNRUH MD, GREGORY K, KANSAS CITY, KS UTLEY MD, JAMES HARMON, KANSAS CITY, MO UY MD, WILSON O, COFFEYVILLE, KS

V

VACHAL MD, EVA, GARDEN CITY, KS

VAIL MD, BELINDA A, KANSAS CITY, KS
VAL-MEJIAS MD, JESUS E, WICHITA, KS
VALK MD, WILLIAM L, SHAWNEE MISSION, KS
VAN GEEM MD, THOMAS A, WICHITA, KS
VAN GEEM MD, THOMAS A, WICHITA, KS
VAN HOUDEN MD, CHARLES E, CHANUTE, KS
VAN SICKLE MD, GREGGORY J, TOPEKA, KS
VANDEGARDE MD, LARRY D, TOPEKA, KS
VANDEGARDE MD, LARRY D, TOPEKA, KS
VANDEGARDE, TRENT L, KANSAS CITY, KS
VANNELDHUIZEN MD, PETER J, SHAWNEE MISSION, KS
VARENHORST MD, MICHAEL P, WICHITA, KS
VARNEY MD, DAWN M, HUTCHINSON, KS
VATS MD, TRIBHAWAN S, KANSAS CITY, KS
VAUGHAN MD, D ANN, WICHITA, KS
VAUGHAN, DEANNA L, TOWANDA, KS
VEAL MD, KATHRYN, SHAWNEE MISSION, KS
VEENIS MD, BLAKE C, WICHITA, KS
VELAKATURI MD, VINOD N, SHAWNEE MISSION, KS
VERNON MD, MARY C, LAWRENCE, KS
VIERRA MD, ASHA, PARSONS, KS
VIERTHALER MD, CARL A, DODGE CITY, KS
VIERTHALER MD, CARL A, DODGE CITY, KS
VIERTHALER MD, TEPHEN L, LAWRENCE, KS
VIELAKATURIEN MD, STEPHEN L, LAWRENCE, KS
VIELAKATURIEN MD, STEPHEN L, LAWRENCE, KS
VILLARANTE MD, FE T, HAYS, KS
VILLARANTE MD, FE T, HAYS, KS
VIN ZANT MD, LARRY E, WICHITA, KS
VINZANT MD, WHITNEY L, WICHITA, KS
VINZANT MD, MARK N, DERBY, KS
VINZANT MD, WHITNEY L, WICHITA, KS
VOGEL MD, STANLEY J, TOPEKA, KS
VOGT MD, VERNON W, NEWTON, KS
VOGT MD, VERNON W, NEWTON, KS
VORMEES MD, CARROLL D, LEAVENWORTH, KS
VORME MD, CARROLL D, LEAVENWORTH, KS
VORNEES MD, CARROLL D, LEAVENWORTH, KS
VORNEES MD, CARROLL D, LEAVENWORTH, KS
VORNEES MD, CHARLES H, COLUMBUS, GA
VOTAPKA MD, WILLIAM L, STOCKTON, KS
VOTH MD, ERIC A, TOPEKA, KS
VU, ANN L, SHAWNEE MISSION, KS
VU, TRIEN B, GALVESTON, TX

w

WADE MD, EDWARD J, WICHITA, KS
WADE MD, THEODORE E, MONTE MORELOS, MX
WADUD MD, ABDUL, WICHITA, KS
WAGENBLAST MD, HOWARD R, SALINA, KS
WAGNER, JENNIFER K, KANSAS CITY, KS
WAHBEH MD, ANTHONY D, KANSAS CITY, KS
WAKEFIELD MD, KENNETH M, WICHITA, KS
WALD MD, JEFFREY A, SHAWNEE MISSION, KS
WALDORF JR MD, MELVIN H, MESA, AZ
WALDROP D O, RICHARD J, RILEY, KS
WALIA MD, JAG S, TOPEKA, KS
WALKER D O, MARSHALL D, WICHITA, KS
WALKER MD, ANDY E, BELLEVILLE, KS

WALKER MD, JACK D, SHAWNEE MISSION, KS
WALKER MD, WILLIAM H, ESKRIDGE, KS
WALKER MD, WILLIAM H, ESKRIDGE, KS
WALKER MD, WILLIAM K, SEDAN, KS
WALL MD, KEVIN K, MANHATTAN, KS
WALL MD, TERRY J, TOPEKA, KS
WALLACE JR MD, WAYNE O, ATCHISON, KS
WALLACE MD, BRETT E, TOPEKA, KS
WALLACE MD, LEO F, TOPEKA, KS
WALLING MD, ADRIAN E, WICHITA, KS
WALLING MD, ANNE D, WICHITA, KS
WALLING MD, ANNE D, WICHITA, KS
WALSH D O, LESLIE L, WICHITA, KS
WALSH MD, THOMAS E, ONAGA, KS
WALTON MD, TERRI D, WICHITA, KS
WALTON, PATRICIA L, GODDARD, KS
WALTON, PATRICIA L, GODDARD, KS
WALZ MD, ROYCE C, TOPEKA, KS
WANGLEY MD, CRAIG A, LAKIN, KS
WANG MD, SIDNEY W, SHAWNEE MISSION, KS
WANDER MD, MICHAEL P, SAN DIEGO, CA
WANLESS MD, KIRK M, TOPEKA, KS
WARD MD, CYNTHIA L, DERBY, KS
WARD MD, LARRY G, WICHITA, KS
WARE MD, LUCILE M, TOPEKA, KS
WARREN MD, RICHARD B, OLATHE, KS
WARREN MD, RICHARD B, OLATHE, KS
WARREN MD, RIOCHARD B, OLATHE, KS
WARREN MD, LIOYD P, WICHITA, KS
WARREN MD, LIOYD P, WICHITA, KS
WARREN MD, LIOYD P, WICHITA, KS
WARREN MD, ROOGER D, HANOVER, KS
WARREN MD, WINT A, WICHITA, KS
WARREN MD, WINT A, WICHITA, KS
WARREN MD, WINT A, WICHITA, KS
WARREN MD, OLATHERA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON, CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON, CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON, CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON, CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON, CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON, CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON CHARMETRA R, NORTH CHICAGO, IL
WASINGER, LORI D, KANSAS CITY, KS
WASHINGTON D, ACH D, KANSAS CITY, KS
WASHINGTON STEVEN C, TOPEKA, KS

WEAVER MD, JACK D, WICHITA, KS
WEAVER MD, WALTER D, TOPEKA, KS
WEAVER, JOHN J, KANSAS CITY, KS
WEBB MD, DAVID E, WICHITA, KS
WEBB MD, DAVID E, WICHITA, KS
WEBB MD, JAMES R, SHAWNEE MISSION, KS
WEBBER, ELLEN S, KANSAS CITY, KS
WEBER II MD, RALPH H, TOPEKA, KS
WEBER JR MD, HUGO P, WICHITA, KS
WEBER MD, DARRELL J, TOPEKA, KS
WEBER MD, ROBERT W, SALINA, KS
WEBER MD, ROBERT W, SALINA, KS
WEBER MD, ROBERT W, SALINA, KS
WEBER MD, BOBBY W, GRAND RAPIDS, MI
WEDDLE MD, DOUGLAS P, FORT SCOTT, KS
WEDEL MD, ALAN K, SALINA, KS
WEDEL MD, KENNETH D, MINNEAPOLIS, KS
WEDEL MD, KERMIT G, MINNEAPOLIS, KS
WEDEL MD, KENNETH D, MINNEAPOLIS, KS
WEDEL MD, JOHN C, KANSAS CITY, KS
WEEKS MD, STACY S, TOPEKA, KS
WEIGAND MD, JOEL T, WELLINGTON, KS
WEIGEN MD, JOHN W, KANSAS CITY, KS
WEIGEN MD, JOHN W, KANSAS CITY, KS
WEILERT MD, STEVEN V, FORT SCOTT, KS
WEILERT MD, STEVEN V, FORT SCOTT, KS
WELCH MD, LAUREN A, GARDEN CITY, KS
WELCH MD, LAUREN A, GARDEN CITY, KS
WELCH MD, LAUREN A, GARDEN CITY, KS
WELCH MD, MAURA S, GARDEN CITY, KS
WELCH MD, MAURA S, GARDEN CITY, KS
WELCH MD, MAURA S, GARDEN CITY, KS
WELCH MD, MOHAEL A, LAWRENCE, KS
WELLEMEYER MD, MARK L, WICHITA, KS
WELLS MD, BRUCE W, WINFIELD, KS
WELLEMEYER MD, MARK L, WICHITA, KS
WELLS MD, BRUCE W, WINFIELD, KS
WELLS MD, ROMANY J, TOPEKA, KS
WELLS MD, ROMANY J, TOPEKA, KS
WELLS MD, ROMANY J, TOPEKA, KS
WELLS MD, ROHARD G, LAWRENCE, KS
WENDT MD, IGHARD G, LAWRENCE, KS
WENGER MD, JOHN H, WICHITA, KS
WENDT MD, RICHARD G, LAWRENCE, KS
WENGER MD, JOHN H, WICHITA, KS
WENDT MD, JAMES P, TOPEKA, KS
WENDT MD, JAMES P, TOPEKA, KS
WENDT MD, JAMES P, TOPEKA, KS
WENDRER MD, JOHN H, WICHITA, KS
WERNER MD, JOHN H, WICHITA, KS
WENDRER MD, WILLARD F, ATWOOD, KS
WERTH MD, DARRELL D, HAYS, KS
WERSEROOK MD, C WILSON, WICHITA, KS
WESCOE MD, W CLARKE, SPICER, M

WESLEY MD, MICHAEL R, HUTCHINSON, KS WEST MD, WILLIAM T, WICHITA, KS WETZEL MD, JAMES L, OLATHE, KS WETZEL MD, LOUIS H, KANSAS CITY, KS WETZEL MD, MARK, MANHATTAN, KS WEIZEL MD, MARK, MANHAITAN, KS WEYRENS MD, FRANCIS J, TOPEKA, KS WHEELER MD, DWIGHT E, NEWTON, KS WHEELER MD, NICKY RAY, WICHITA, KS WHEELER MD, PINCKNEY R, WICHITA, KS WHIPPLE MD, JOHN R, TOPEKA, KS WHITAKER MD, JAMES A, WICHITA, KS WHITAKER MD, MARK A, SHAWNEE MISSION, KS WHITAKEH MID, MARK A, SHAWNEE MISSION WHITE D O, JOHN P, PITTSBURG, KS WHITE II MD, BENJAMIN E, EL DORADO, KS WHITE MD, CHARLES L, QUINCY, WA WHITE MD, CHARLES M, WICHITA, KS WHITE MD, CHARLES M, WIGHITA, KS
WHITE MD, DONALD C, COFFEYVILLE, KS
WHITE MD, FAGAN N, RUSSELL, KS
WHITE MD, NELSON P H, BURLINGTON, KS
WHITE MD, R BURNLEY, WINFIELD, KS WHITEHEAD MD, RICHARD E, SHAWNEE MISSION, WHITELY, RANDOLPH N, WICHITA, KS WHITELY, HANDOLPH N, WICHITA, KS
WHITESIDE MD, WILLIAM H, WICHITA, KS
WHITFIELD MD, STEVEN S, SHAWNEE MISSION, KS
WHITLEY MD, DOUGLAS M, SHAWNEE MISSION, KS
WIEGHARD MD, C MICHAEL, SHAWNEE MISSION, KS WIENS MD, J WENDELL, NEWTON, KS WIENS MD, LYNN A, GREAT BEND, KS WIENS MD, TIMOTHY B, NEWTON, KS WIGGINTON D O, GERALD D, SHAWNEE MISSION, KS WIGGLESWORTH MD, ANNE, MANHATTAN, KS WILCOX JR MD, HOWARD L, HAYS, KS WILDER MD, LOWELL W, WICHITA, KS WILDER, THOMAS W, KANSAS CITY, KS WILDS MD, CHARLES E, BELLA VISTA, AR WILEY MD, CLARENCE L, WICHITA, KS WILEY MD, JOHN H, SHAWNEE MISSION, KS WILEY MD, JOHN H, SHAWNEE MISSION, KS WILEY MD, THOMAS M, TOPEKA, KS WILKINSON MD, LARRY K, WICHITA, KS WILKINSON MD, STEVEN B, KANSAS CITY, KS WILLIAMS MD, CARL M, TOPEKA, KS WILLIAMS MD, CHARLES L, WICHITA, KS WILLIAMS MD, EVAN R, GILBERT, AZ WILLIAMS MD, HOMER J, LAGUNA NIGUEL, CA WILLIAMS MD, JANSSEN J, WICHITA, KS WILLIAMS MD, MICHAEL K, NEWTON, KS WILLIAMS MD, THOMAS A, SHAWNEE MISSION, KS WILLIAMSON JR, MD, MARK B, KANSAS CITY, KS WILLIAMSON, TIMOTHY L, KANSAS CITY, KS WILSON MD, DANIEL R, TOPEKA, KS WILSON MD, DAVID B, KANSAS CITY, KS WILSON MD, JAMES W, COFFEYVILLE, KS WILSON MD, MICHAEL A, WICHITA, KS

WILSON MD, ROBERT B, SHAWNEE MISSION, KS WILSON MD, ROBERT L, WICHITA, KS WILSON MD, SLOAN J, SHAWNEE MISSION, KS WILSON MID, SLOAN J, SHAWNEE MID, WIMER, DOUG W, KANSAS CITY, KS WIN MD, AYE M, DODGE CITY, KS WINBLAD MD, J KENT, WINFIELD, KS WINBLAD MD, JOHN M, WINFIELD, KS WINCHESTER MD, PAUL D, SHAWNEE MISSION, KS WINDHOLZ MD, ARTHUR F, WICHITA, KS WINKLER, LISA A, KANSAS CITY, KS WINN MD, TERRIA L, WICHITA, KS WINSLOW, CHRISTOPHER L, KANSAS CITY, KS WISDOM MD, JAY K, WICHITA, KS WISE MD, JOSEPH E, KANSAS CITY, KS WISNER JR MD, HARRY J, WICHITA, KS WITTMANN MD, ALBERT F, WICHITA, KS WOHLER MD, JOHN P, SHAWNEE MISSION, KS WOIWOOD MD, MARK D, WICHITA, KS WOLF MD, KARL T, KANSAS CITY, KS WOLF MD, PATRICK G, WICHITA, KS WOLFE MD, ANNE-MARIEKE, WICHITA, KS WOLFE MD, BRIAN D, IOLA, KS WOLFE MD, FREDERICK, WICHITA, KS
WOLFF MD, FREDERICK P, KANSAS CITY, MO
WOLKOFF MD, A STARK, SHAWNEE MISSION, KS
WOOD JR MD, ROBERT A, SHAWNEE MISSION, KS WOOD MD, EDWARD R, TOPEKA, KS WOOD MD, FRED M, SHAWNEE MISSION, KS WOOD MD, GARY B, WICHITA, KS WOOD MD, ROBERT D, WICHITA, KS WOODALL MD, DENNIS C, SALINA, KS WOODHOUSE MD, CHARLES L, WICHITA, KS WOODRING MD, CATHY S, WICHITA, KS WOODS MD, DENNIS D, HUTCHINSON, KS WOODS MD, GREGORY A, HAYS, KS WOODS MD, MICHAEL S, WICHITA, KS WOODS MD, S DWIGHT, OLATHE, KS WOOLLEY MD, DOUGLAS C, WICHITA, KS WORTMAN MD, JACK A, HUTCHINSON, KS WOSICK MD, WILLIAM F, INDEPENDENCE, KS WRAY JR MD, REGINALD P, WICHITA, KS WRAY MD, ALEXANDER J, WICHITA, KS WRIGHT MD, GEORGE W, TOPEKA, KS WRIGHT MD, KEITH A, MANHATTAN, KS WRIGHT MD, KENDALL M, EMPORIA, KS WRIGHT MD, MICHAEL J, HAYS, KS WRIGHT MD, STANLEY E, WICHITA, KS WU MD JIN-TZE WICHITA KS WURSTER MD. G. RICHARD. SHAWNEE MISSION. KS WYATT-HARRIS MD, PATRICIA G, WICHITA, KS WYNNE MD, ALAN G, TOPEKA, KS

YAGHMOUR MD, TALAAT E, PITTSBURG, KS
YANG MD, ALEXANDER Q, OKLAHOMA CITY, OK
YEH MD, ROBERT M, TOPEKA, KS
YEOMANS MD, RONALD N, SHAWNEE MISSION, KS
YOACHIM MD, ROBERT W, ARKANSAS CITY, KS
YODER MD, EMERSON D, DENTON, KS
YODER MD, VERNON E, HESSTON, KS
YOHE MD, RUTH M, SHAWNEE MISSION, KS
YONE MD, CHANG S, WICHITA, KS
YONKE JR MD, CRAIGH, TOPEKA, KS
YOST JR MD, JOHN G, KANSAS CITY, MO
YOUNG MD, CHARLES H, ATCHISON, KS
YOUNG MD, DOUGLAS L, WICHITA, KS
YOUNG MD, JOHN W, SHAWNEE MISSION, KS
YOUNG MD, JOHN W, SHAWNEE MISSION, KS
YOUNG MD, HOBERT C, WICHITA, KS
YOUNG MD, THEODORE E, TOPEKA, KS
YOUNG, D ALLEN, KANSAS CITY, KS
YOUNGBERG MD, DEAN I, WICHITA, KS
YOUNGBERG MD, DEAN I, WICHITA, KS
YOUNGMEN THEODORE L, TOPEKA, KS
YOUNGBERG MD, DEAN I, WICHITA, KS
YOUNGMEN D, ALLEN, KANSAS CITY, KS
YOUNGMEN D, DARNELL J, WICHITA, KS
YOUNGMAN DO, DARRELL J, WICHITA, KS
YOUNGMAN DO, DARRELL J, WICHITA, KS
YOUNGMAN DO, OSABETHA, KS
YULICH MD, JOHN O, SABETHA, KS
YULICH MD, JOHN O, SABETHA, KS

Z

ZACHARIAS MD, DAVID L, TOPEKA, KS
ZAINALI MD, ASSADOLLAH, LIBERAL, KS
ZAKHARIA MD, GEORGE F, WICHITA, KS
ZAMIEROWSKI MD, DAVID S, SHAWNEE MISSION, KS
ZARNOW MD, HILARY, WICHITA, KS
ZARR MD, JAMES S, KANSAS CITY, MO
ZATZKIN MD, JAY B, WICHITA, KS
ZAUCHE MD, JAMES T, GARDEN CITY, KS
ZAYLOR D O, CHARLES L, NEWTON, KS
ZEILER MD, STEVEN B, OLATHE, KS
ZEILER MD, MYRON J, GARDEN CITY, KS
ZEPICK MD, LYLE F, WICHITA, KS
ZERBE MD, KATHRYN, TOPEKA, KS
ZIDEK MD, NANCY J, WICHITA, KS
ZIELKE MD, STEVEN L, WICHITA, KS
ZIMMERMAN MD, BRUCE E, OLATHE, KS
ZIMMERMAN MD, KENNETH D, WICHITA, KS
ZINN MD, THOMAS W, KANSAS CITY, KS
ZONGKER MD, PHILIP E, WICHITA, KS
ZUJKO MD, RICHARD D, SALINA, KS
ZWIACHER MD, KAYE F, WICHITA, KS

Physician Distribution by Cities

EXPLANATION OF CODES USED IN THIS SECTION

Line 1:	Doe, John R.,		1234 Oak St.,	67052	
	(Name)		(Street Address)	(Zip Code)	
Line 2:	(654-2222)			123456789	
	(Telephone Number)			(I.D. Number)	
Line 3:	33	M	1902	58	FP
	(Year of Birth)	(Sex)	(Medical School)	(Year of Licensure)	(Specialty)

Telephone area code follows city name.

ABILENE — 913 (Dickinson County Medical Society)

263-4131		1111 N BRADY, 510061		
35	M	1902	62	FP
BIGGS MD, 263-7190		1405 N CEDAR, 740097	67410-1546	
48	M	1902	74	FP
	1D, DEAN 0	C, RR 1, 67410-98	301	
11	M	1902	44	00
	MD, GARY, 19027	1405 N CEDAR, 720223	67410-1546	
46	M	1902	73	FP
MOHLER MI 263-1419		420 NE 10TH, 6	7410-2136	
32	M	1902	62	PM
NARCISO M 263-2253		E D, 515 NE 10T	H ST, 67410-21	53
45	M	74810	76	GS
RORABAUG 263-4131		NALD C, 1111 BF 580782	ADY, 67410-18	04
33	M	1902	59	FP
SCHWARTII 263-7190		TEVEN, 1405 N (CEDAR, 67410-	1546
46	M	3401	73	FP
SHEERN MI 263-4131	D, MARK D	OUGLAS, 1111 N	I BRADY, 67410)-1804
51	M	1902	77	FP
	D, HERBEF 02380546	RT L, 1007 SPRU	CEWAY, 67410	-2033
12	M	1902	38	00

ALTAMONT — 316 (Labette County Medical Society)

JACKSON MD, VICTOR L, BOX 467, 67330-0467 0 2105500257 20 M 2105 54 OO

ANDALE — 316 (Sedgwick County Medical Society)

STECH MD, JOSEPH M, PO BOX 38, 67001-0038 796-0601 3006560660 27 M 3006 57 FP

ANDOVER — 316 (Sedgwick County Medical Society)

GEISLEF 634-26		VEN R, 1000 V	VALNUT CT, 6700	2-9022
59	M	1803	90	AN
LEHR MI 733-13 52		G, PO BOX 496 803900500 2803	93	FP
LEMONS 733-13 54		PHEN F, PO B 902821020 1902	OX 496, 67002-04 83	96 FP

ANTHONY — 316 (Ninnescah Medical Society)

ANTRIM MD, PHILIP J, RR 1 BOX 84, 67003-9747 0 1902420033 15 M 1902 42 OO

ARKANSAS CITY — 316 (Cowley County Medical Society)

ALVAREZ MD, NORBERTO, PO BOX 929, 67005-0929 442-4850 27501590547 29 M 27501 DE ARMOND MD, LYNDA B, 510 W RADIO LN, 67005-4098 442-2100 0 63 F 4815 HILL MD, JAMES E, 1019 N 2ND ST, 67005-1513 0 1902340277 9 M 1902 MARVEL MD, JAMES E, PO BOX 873, 67005-0873 441-0222 3901680573 43 M 3901 OLD MD, JERRY L, 510 W RADIO LN, 67005-4011 442-2100 1902741701 49 M 1902 ROSS MD, DAVID K, PO BOX 1148, 67005-1148 442-2100 1902740968 48 M 1902 SCHMEIDLER MD, DAVID A, PO BOX 1148, 67005-1148 442-2100 1902791589 54 M 1902 82 F SCHOELING MD, RICK D, 510 W RADIO LN, 67005-4011 442-2100 1902861498 59 M 1902 89

SHAHZADA MD, KAMRAN, PO BOX 929, 67005-0929	ATTICA — 316
442-1444 0 53 M 30811 92 IM	(Ninnescah Medical Society)
SINGH MD, GIRVAR, PO BOX 675, 67005-0675	STONE MD, GRANT C, 500 N HARPER, 67009-0000
442-4300 49555640021	254-7219 5605350480
40 M 49555 78 OPH	8 M 5605 69 FP
SMITH MD, BRUCE G, 210 S 2ND ST, 67005-2863 0 1902441421 20 M 1902 44 OO	
	ATWOOD — 913
SMITH MD, NEWTON C, PO BOX 1148, 67005-1148 442-2100 3901450594	(Northwest Kansas Medical Society)
21 M 3901 51 FP	WERNER MD, WILLARD F, PO BOX 5, 67730-0005
YOACHIM MD, ROBERT W, PO BOX 1148, 67005-1148	626-3241 1902520755 24 M 1902 52 FP
442-2100 3005781417 52 M 3005 80 FP	24 IVI 1902 J2 11
32 IVI 3003 30 11	
	AUGUSTA — 316
ATCHISON — 913	(Butler-Greenwood County Medical Society
(Atchison County Medical Society)	ANDERSON MD, DALE W, 120 W JOSEPHINE, 67010-2037 775-5432 1902550018
BURKE MD, JOSEPH V, 1400 N 2ND ST, 66002-1203	30 M 1902 55 FP
367-5496 3006660125 35 M 3006 71 GS	BARBER MD, JAMES L, 120 W JOSEPHINE, 67010-2037
EPLEE MD, JOHN R, 1225 N 2ND ST, 66002-1474	775-5432 1902570035 31 M 1902 57 FP
367-0880 1902780595	
53 M 1902 82 FP	
FAST MD, W SPENCER, 1301 N 2ND ST, 66002-1297 367-7417 3006390268	BAXTER SPRINGS — 316
11 M 3006 40 FP	(Crawford-Cherokee County Medical Society
GORACKE MD, DOUGLAS S, 1301 N 2ND ST, 66002-1297	
367-2131 1902850631 58 M 1902 85 AN	ALQUIST MD, VERYL D, 2040 FAIRVIEW, 66713-0000 0 1902420017
	17 M 1902 42 OO
HART MD, LAWRENCE E, 1412 N 2ND ST, 66002-1203 367-5054 1902640351	
32 M 1902 65 FP	DELLE BLAINE 040
JONES MD, MICHAEL P, 1225 N 2ND ST, 66002-1474	BELLE PLAINE — 316
367-0880 1902830991 55 M 1902 85 FP	(Sedgwick County Medical Society)
	MEEKER II MD, BRUCE P, RR 3 BOX 68, 67013-0000 0 1902580626
RIDER MD, JAMES W, 1225 N 2ND ST, 66002-1474 367-0861 2803730744	0 1902580626 30 M 1902 59 OO
47 M 2803 76 FP	
SHAFFER MD, CHAD P, 1225 N 2ND ST, 66002-0000	
367-0880 0 62 M 2846 93 FP	BELLEVILLE — 913
	(Republic County Medical Society)
SHAFFER MD, SUZANNE H, 1225 N 2ND ST, 66002-0000 367-0880 0	DOUBEK MD, HERBERT D, 2408 FAIRWAY CT, 66935-2728
66 F 2846 93 FP	0 1902560323
SHRIWISE MD, TOM L, 1301 N 2ND ST, 66002-1297	28 M 1902 56 OO
367-3646 1902810711 54 M 1902 0 ORS	HOLT MD, ROBERT E, 2337 G ST #100, 66935-2453 527-2237 702760518
	59 M 1902 77 FP
FAYIEM MD, A K, 1201 N 2ND ST, 66002-0000 367-3900 33002680012	SCOTT MD, DUANE, 2337 G ST, 66935-2453
43 M 33002 72 GS	527-2217 1902600759 34 M 1902 61 FP
WALLACE JR MD, WAYNE O, 1301 N 3RD ST, 66002-1200	
367-7300 2803650732 36 M 2803 67 FP	WALKER MD, ANDY E, 2337 G ST, 66935-2453 527-2217 1902871795
	61 M 1902 88 FP
YOUNG MD, CHARLES H, 1301 N 3RD ST, 66002-1200 367-4053 1902530980	
23 M 1902 53 FP	BELOIT 040
	BELOIT — 913
	(Mitchell County Medical Society)
ATLANTA — 316	CARRICO D O, JEROME M, PO BOX 443, 67420-0443
(Sedgwick County Medical Society)	738-5255 0 37 M 2879 67 GP
MASTIO JR MD, GEORGE J, PO BOX 138, 67008-0138	CONCANNON MD, CRAIG A, PO BOX 587, 67420-0587
0 1902520470 25 M 1902 52 OO	738-2246 1902840415
20 IVI 1602 02 00	58 M 1902 O IM

DOBRATZ MD, ROBERT A, 700 N PINE, 67420-2532	CANEY — 316
0 1902520224 24 M 1902 52 OO	(Southeast Kansas Medical Society)
DRAKE MD, DOUGLAS J, 112 W MAIN PO BOX 605, 67420-0605	FOREMAN D O, TOM D, PO BOX 325, 67333-0000
738-3571 1902710317 43 M 1902 72 FP	879-2182 0 55 M 3979 92 GP
FUGATE MD, CARL L, PO BOX 587, 67420-0587	MOORE MD, ROBERT F, PO BOX 325, 67333-0325
738-2246 1902840601 57 M 1902 0 FP	879-2135 1902560765 28 M 1902 56 FP
KIMPLE MD, KRIS G, PO BOX 587, 67420-0587	20 W 1902 50 1F
738-2246 1902890927 53 M 1902 0 FP	
KLENDA JR MD, MARTIN B, PO BOX 587, 67420-0587	CARBONDALE — 913
738-2246 1643630351 38 M 1643 66 GS	(Shawnee County Medical Society)
WELTMER MD, ROGER P, PO BOX 571, 67420-0571	HAVERKAMP MD, KENT D, 211 E MAIN, 66414-9635
0 1902441588 18 M 1902 44 OO	836-7111 0 63 M 1902 0 IM
10 101 1502 44 55	HORNBAKER MD, STANLEY D, 211 E MAIN, 66414-9635
	836-7111 1902820805 56 M 1902 0 IM
BLUE RAPIDS — 913	
(Northeast Kansas Medical Society)	MARCELL MD, GERALD W, 211 E MAIN, 66414-0309 836-7111 1902831122
BUCK JR MD, WILLIAM D, 607 LINCOLN, 66411-1419 226-7202 1902600121	46 M 1902 89 FP
59 M 1902 89 FP	PENN MD, DAVID J, 211 MAIN ST, 66414-0000 836-7111 0
LAWLESS MD, HAROLD L, 607 LINCOLN, 66411-1419	62 M 1902 94 FP
0 702540381 29 M 702 58 OO	
	CHANNITE 216
PONNER CRRINGS 012	CHANUTE — 316 (Southeast Kansas Medical Society)
BONNER SPRINGS — 913 (Wyandotte County Medical Society)	,
	ABBUEHL MD, DON R, 932 WINDSOR, 66720-2547 0 1902440018 18 M 1902 44 OO
DETAR NEWBERT MD, LEANNE, PO BOX 477, 66012-0477 422-2020 1902870471	
51 F 1902 89 FP	ASHLEY MD, SAMUEL G, 505 S PLUMMER, 66720-1950 0 1902430021
JOHNSON MD, CLIFFORD D, PO BOX 477, 66012-0477 422-2020 1902850879	16 M 1902 43 OO
56 M 1902 92 FP	BURKMAN MD, REUBEN J, 1501 W 7TH, 66720-2551 431-9310 1902540101
MARTIN MD, PHILIP E, PO BOX 477, 66012-0477 422-2020 1902832404	28 M 1902 54 FP
56 M 1902 94 IM	GEHRT MD, EARL B, 505 S PLUMMER, 66720-1950 431-2500 1902620261
	32 M 1902 63 FP
BUCKLIN — 316	KIHM MD, ALBERT A, 618 S WILSON AVE, 66720-2160 0 1902550646
(Iroquois County Medical Society)	27 M 1902 55 OO
LUNA MD, ANTHONY D, 203 N MAIN, 67834-0000	LEE D O, BRUCE W, 505 S PLUMMER, 66720-0000 431-2500 2878900718
826-3266 1902821071 54 M 1902 83 FP	64 M 2878 93 FP
	MABEN MD, PAMELA S, 505 S PLUMMER, 66720-1950 431-2500 1902791210
DUDDEN 246	54 F 1902 80 IM
BURDEN — 316 (Cowley County Medical Society)	MC FARLAND MD, GRETA S, 505 S PLUMMER, 66720-1950
	431-2500 1902791295 54 F 1902 81 PD
KAUFMAN MD, LELAND R, RR 1 BOX 153B, 67019-0000 0 1902610428	PARHAM MD, VERDON W, 505 S PLUMMER, 66720-1950
33 M 1902 61 OO	431-2500 1902731411 47 M 1902 75 FP
	PEASTER MD, MICHAEL L, 505 S PLUMMER, 66720-0000
BURLINGTON — 316	431-2500 0 56 M 5606 0 U
(Flint Hills Medical Society)	TAYLOR MD, CATHY M, 1409 W 7TH, 66720-2550
KENNEDY MD, MICHAEL L, PO BOX 189, 66839-0189	431-0340 1902831289 57 F 1902 88 OBG
364-5395 1902900710 55 M 1902 0 FP	
WHITE MD, NELSON P H, 824 N 4TH ST, 66839-2601	THOMEN II MD, ROBERT K, 505 S PLUMMER, 66720-1950 431-2500 1902841802
364-5395 3901630835 34 M 3901 90 FP	59 M 1902 86 FP

VAN HOUDEN MD, CHARLES E, 505 S PLUMMER, 66720-1950	MILLER D O, STEPHEN A, PO BOX 489, 67337-0489
431-2500 1902761434 52 M 1902 77 GS	251-0777 2878760509 47 M 2878 87 OBG
	SRIKUREJA DO, SURIN, 80 W 8TH, 67337 321-1500
CHETOPA — 316	55 M 2878 93 GS
(Labette County Medical Society)	UY MD, WILSON O, 101 TYLER BLVD, 67337-2424
•	251-1200 74801670192 42 M 74801 73 PATH
PEFFLY MD, ELMER D, PO BOX 266, 67336-0266 236-7188 3901530601	WHITE MD, DONALD C, PO BOX 1449, 67337-0937
22 M 3901 56 FP	251-1200 3515650694 35 M 3515 72 R
OLAV OFUTED AND	WILSON MD, JAMES W, PO BOX 469, 67337-0469 251-5210 3901580790
CLAY CENTER — 913	26 M 3901 69 GP
(Clay County Medical Society)	
BROWNING MD, JIMMIE L, PO BOX 520, 67432-0520 632-2181 1902780285	COLBY 012
50 M 1902 79 FP	COLBY — 913
BUTT MD, MUHAMMED, 611 LIBERTY ST, 67432-1564	(Northwest Kansas Medical Society)
632-2191 70401690156 46 M 70401 0 GS	SMITH JR MD, FLOYD L, 880 SUNSET DR, 67701-2945 0 1902441430
ERICKSON MD, KENT E, PO BOX 520, 67432-0520	20 M 1902 44 OO
632-2181 1902832145	
56 M 1902 0 FP	
HATESOHL MD, STANLEY M, PO BOX 520, 67432-0520 632-2181 1902840750	COLDWATER — 316
57 M 1902 87 FP	(Iroquois County Medical Society)
NELSON MD, MARIAN K, PO BOX 520, 67432-0520	GOERING MD, DONALD D, BOX 748, 67029-0748
632-2181 1902881120 59 F 1902 0 FP	582-2136 1902560421 31 M 1902 56 FP
PENNER MD, TIMOTHY M, PO BOX 520, 67432-0520	RIDGE MD, CHARLES H, 301 S WASHINGTON ST, 67029-0000
632-2181 1902861331	582-2136 0 31 M 4812 94 FP
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THOMPSON MD, SUSAN D, 609 LIBERTY, 67432-0000 632-2181 0	
	COLUMBUS — 316
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CLYDE — 913 (Cloud County Medical Society) COULTER D O, THAYNE A, 306 N HIGH, 66938-9468 0 2878370034 12 M 2878 37 OO COFFEYVILLE — 316 (Southeast Kansas Medical Society) BLOCK MD, JEROME E, PO BOX 464, 67337-0464	(Crawford-Cherokee County Medical Society MOGHE MD, CHANDRAKANT B, 301 N KANSAS ST, 66725-1223 429-3636 0 63 M 49545 0 FP PASIMIO MD, ROGER S, PO BOX 79, 66725-0079 429-1977 74801623089 38 M 74801 0 GS CONCORDIA — 913 (Cloud County Medical Society) ANDERSON MD, PATRICIA W, PO BOX 489, 66901-0489
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CLYDE — 913 (Cloud County Medical Society) COULTER D O, THAYNE A, 306 N HIGH, 66938-9468 0 2878370034 12 M 2878 37 OO COFFEYVILLE — 316 (Southeast Kansas Medical Society) BLOCK MD, JEROME E, PO BOX 464, 67337-0464 251-2400 3305640033 38 M 3305 0 IM CAMPBELL MD, WILLIAM H, 1411 W 4TH STE D, 67337-3300 251-3235 1902650098 39 M 1902 66 OPH CHILLAL MD, PANDURANG P, 801 W 8TH ST, 67337-4109 251-7505 49535740061 49 M 49535 87 IM DICKINSON MD, CHARLES R, 608 SPRUCE, 67337-4928 0 1606450300 20 M 1606 47 OO HAN MD, CHAN S, 908 SIGGINS, 67337-2921 251-1560 58306610048	(Crawford-Cherokee County Medical Society MOGHE MD, CHANDRAKANT B, 301 N KANSAS ST, 66725-1223 429-3636 0 63 M 49545 0 FP PASIMIO MD, ROGER S, PO BOX 79, 66725-0079 429-1977 74801623089 38 M 74801 0 GS CONCORDIA — 913 (Cloud County Medical Society) ANDERSON MD, PATRICIA W, PO BOX 489, 66901-0489 243-3111 3006861066 59 F 3006 0 IM FOWLER MD, WAYNE L, 1010 3RD PO BOX 589, 66901-0589 243-1560 1720470299 23 M 1720 53 IM FREEBORN JR MD, WARREN S, RR 3 BOX 307, 66901-9105 0 1720510312 26 M 1720 60 OO GOFF MD, MARCELUS A, PO BOX 349, 66901-0000 243-3727 16504720164 30 M 0 O ORS MEHTA MD, PRAVEEN S, 1100 HIGHLAND DR, 66901-0000
CLYDE — 913 (Cloud County Medical Society) COULTER D O, THAYNE A, 306 N HIGH, 66938-9468 0 2878370034 12 M 2878 37 OO COFFEYVILLE — 316 (Southeast Kansas Medical Society) BLOCK MD, JEROME E, PO BOX 464, 67337-0464 251-2400 3305640033 38 M 3305 O IM CAMPBELL MD, WILLIAM H, 1411 W 4TH STE D, 67337-3300 251-3235 1902650098 39 M 1902 66 OPH CHILLAL MD, PANDURANG P, 801 W 8TH ST, 67337-4109 251-7505 49535740061 49 M 49535 87 IM DICKINSON MD, CHARLES R, 608 SPRUCE, 67337-4928 0 1606450300 20 M 1606 47 OO HAN MD, CHAN S, 908 SIGGINS, 67337-2921 251-1560 58306610048 35 M 58306 74 PD	(Crawford-Cherokee County Medical Society MOGHE MD, CHANDRAKANT B, 301 N KANSAS ST, 66725-1223 429-3636 0 63 M 49545 0 FP PASIMIO MD, ROGER S, PO BOX 79, 66725-0079 429-1977 74801623089 38 M 74801 0 GS CONCORDIA — 913 (Cloud County Medical Society) ANDERSON MD, PATRICIA W, PO BOX 489, 66901-0489 243-3111 3006861066 59 F 3006 0 IM FOWLER MD, WAYNE L, 1010 3RD PO BOX 589, 66901-0589 243-1560 1720470299 23 M 1720 53 IM FREEBORN JR MD, WARREN S, RR 3 BOX 307, 66901-9105 0 1720510312 26 M 1720 60 OO GOFF MD, MARCELUS A, PO BOX 349, 66901-0000 243-3727 16504720164 30 M 0 0 ORS MEHTA MD, PRAVEEN S, 1100 HIGHLAND DR, 66901-0000 243-1234 0 66 M 49501 0 IM
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CLYDE — 913 (Cloud County Medical Society) COULTER D O, THAYNE A, 306 N HIGH, 66938-9468 0 2878370034 12 M 2878 37 OO COFFEYVILLE — 316 (Southeast Kansas Medical Society) BLOCK MD, JEROME E, PO BOX 464, 67337-0464 251-2400 3305640033 38 M 3305 0 IM CAMPBELL MD, WILLIAM H, 1411 W 4TH STE D, 67337-3300 251-3235 1902650098 39 M 1902 66 OPH CHILLAL MD, PANDURANG P, 801 W 8TH ST, 67337-4109 251-7505 49535740061 49 M 49535 87 IM DICKINSON MD, CHARLES R, 608 SPRUCE, 67337-4928 0 1606450300 20 M 1606 47 OO HAN MD, CHAN S, 908 SIGGINS, 67337-2921 251-1560 58306610048 35 M 58306 74 PD HOWERTER JR MD, BERNARD E, PO BOX 659, 67337-0659	(Crawford-Cherokee County Medical Society) MOGHE MD, CHANDRAKANT B, 301 N KANSAS ST, 66725-1223 429-3636 0 63 M 49545 0 FP PASIMIO MD, ROGER S, PO BOX 79, 66725-0079 429-1977 74801623089 38 M 74801 0 GS CONCORDIA — 913 (Cloud County Medical Society) ANDERSON MD, PATRICIA W, PO BOX 489, 66901-0489 243-3111 3006861066 59 F 3006 0 IM FOWLER MD, WAYNE L, 1010 3RD PO BOX 589, 66901-0589 243-1560 1720470299 23 M 1720 53 IM FREEBORN JR MD, WARREN S, RR 3 BOX 307, 66901-9105 0 1720510312 26 M 1720 60 OO GOFF MD, MARCELUS A, PO BOX 349, 66901-0000 243-3727 16504720164 30 M 0 0 ORS MEHTA MD, PRAVEEN S, 1100 HIGHLAND DR, 66901-0000 243-1234 0 66 M 49501 0 IM MYERS MD, DANIEL L, 910 W 11TH, 66901-3911

OOMMEN MD, JACOE	3 S, 1100 HIGHLA	AND DR, 66901	-0000
234-1234 0 63 M	69001	0	IM
RAY MD, DAVID J, 91		-3911	
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RUZICKA MD, LAWRE		LSIDE, 66901-	4021
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STRYKER JR MD, HE 0 3501440999		11TH, 66901-00	000
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THORNTON JR MD, F 243-1560 510	OXHALL P, 723	W 7TH, 66901-	2711
25 M	5101	55	IM
C	OTTONWOO	D FALLS	— 316
(Flint Hills N	ledical So	ciety)
SHERARD MD, JOHN		66845-0585	
272-6131 1902 59 M	2861561 1902	91	FP
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BLACKBURN MD, RO	BERT W, RR 2 B		
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BYRAM MD, MELANIE		IINGTON ST, 6	6846-1467
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FRESE MD, DANIEL F 767-5126 1903	R, 604 N WASHIN 2780617	IGTON PO BOX	X A, 66846-0600
53 M	1902	78	FP
HORNUNG MD, JOEL 767-5126 1902	E, PO BOX A, 66 2850801	6846-0600	
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SIEGLE MD, LORA A, 767-5126 1902	PO BOX A C/O I 2841632	FMLY HLTH CN	NTR, 66846-0600
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	CUNNING	GHAM — 9	13
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ALLBRITTEN JR MD, 0 4101380021		OX 177, 67035-	0177
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YODER MD, EMERSO		28, 66017-0128	
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CHAPMAN MD, RANDELL B, 1410 N WOODLAWN BLVD, 67037-2922 788-3741 3901830231 55 M 3901 91 FP

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KLEIN MD, THOMAS C, 619 N ROCK RD, 67037-0000 788-1779 1902880930 60 M 1902 91 FP

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NELSON MI 227-1371		ES G, 2020 CENT 861285	RAL, 67801-641	1
56	М	1902	89	IM
NIXON MD, 225-1033		PO BOX 1318, 6 720738	7801-1318	
40	М	4812	79	DR
), RICHARE) J, 1810 1/2 FAIF	RWAY DR, 6780	1-2903
15	М	2407	50	00
ROONEY D 227-1371	O, MICHAI	EL N, 2020 CENT	RAL, 67801-64	11
58	М	2878	86	GP
	MD, EUG 902500649	ENE W, 2100 CA	ROUSEL, 67801	-0000
24	М	1902	50	00
TROTTER N 225-6120		R COURTNEY, 12 741824	20 ROSS BLVD,	67801-2131
47	М	1902	76	FP
VIERTHALE 227-1371		RL A, 2020 CENT 781885	RAL, 67801-641	1
53	М	1902	78	IM
VILLANUEV 227-1371		MUNDO, 2020 C 3680065	ENTRAL, 67801	-0000
43	М	64903	93	ORS
WIN MD, AY 227-3141		BOX 1517, 67801- 1750115	1517	
50	F	20901	0	IM

EDWARDSVILLE — 913 (Wyandotte County Medical Society)

LEGLER D O, GARY L, 10601 KAW DR, 66106-0000 441-1750 2878770318 50 M 2878 94 FP

EL DORADO — 316 (Butler-Greenwood County Medical Society)

COLEY D C 321-9000		. E, 620 W CENT	RAL, 67042-000	00
51	М	1875	0	ОТО
COOPER N 321-2010		N, 119 N JONES	ST, 67042-146	9
62	1902 F	1902	0	FP
	MD, WILLIA 1902	M N, 123 N ATCI 610312	HISON ST, 6704	42-1738
35	M	1902	62	GS
	, HENRY F	1, 123 N ATCHISO 850992	ON ST, 67042-1	738
59	M	1902	0	IM
	ONG U, 123 5831	N ATCHISON S	T, 67042-1738	
35		58310	77	GS
NIGHTENG		IANE D, 119 JON 860441	ES ST, 67042-	1469
60	F	1902	0	FP
	, PHILLIP S	S, 123 N ATCHISO 730849	ON ST, 67042-1	738
46	M	1902	73	IM
PROCTOR 321-2010		RT W, 119 JONE 630682	S ST, 67042-14	99
38	М	1902	0	FP

٦,	AUSCH ME 321-2010		L A, 2053 DRAGO	ONFLY DR, 670	42-0000
	63	M	1902	0	
3	EDDY MD, 321-7550		V, 123 N ATCHIS 2720277	ON ST, 67042-	1738
	47	F 49302	49562	79	PD
3	EDDY MD, 321-3300		KA C, 123 N ATO	CHISON #103, 6	37042-1738
	46	M	49511	79	IM
	ODRIGUEZ 321-7683	MD, WILN	MAR C, 123 N AT	CHISON ST ST	E 301, 67042-1738
	45	М	84710	0	U
		MD, JAME	S M, 1325 W 3R	D, 67042-1519	
	18	M	4802	46	00
	WEK MD,		PHER W, 123 N A	TCHISON STE	303, 67042-1738
	48	M	75911	78	ORS
Λ), BENJAM 02540993	IN E, 301 S DEN	/ER, 67042-000	00
	27	M	1902	54	00

ELKHART — 316 (Southwest Kansas Medical Society)

BELINO D, 7481 M	PO BOX 878, 679 1660586 74811	50-0878 78	IM
DLIVIA N, F 7481 F	O BOX 878, 6795 1680412 74811	80 80	Р
D, DOMINA 7480 M	DOR T, BOX 997, 1680384 74801	67950-0997 75	GS

ELLINWOOD — 316 (Barton County Medical Society)

LAW MD, FINDLEY, 402 N MAIN, 67526-1615
0 1902510431
22 M 1902 51 OO

SHIVELY MD, ROBERT M, 611 N MAIN, 67526-1440
564-2318 1902862061
56 M 1902 89 FP

EMPORIA — 316 (Flint Hills Medical Society)

	(*	IIII I IIII 3 IVI	cuicai ooc	icty)				
	, DOUGLAS	S J, 1127 CHEST	NUT ST #300, 6	66801-2523				
46		1902	79	OBG				
	D, JAMES	A, PO BOX 907,	66801-0907					
	M	1902	82	IM				
	MD, JOHN 1	H, 1024 W 12TH,	66801-5553					
		1902	88	FP				
	C JR MD, J	OSEPH E, 2522	W 15TH, 66801	-6102				
			81	TS				
BRADLEY MD, H RUSSELL, 1601 STATE, 66801-5300 343-2900 1902610096								
35			62	FP				
	JSE MD, JC 1902	OHN P, 1601 STA	TE, 66801-5300	1				
31	M	1902	57	IM				

BURGESON MD, FRANK G, 1601 STATE, 66801-5300	SCHELLINGER MD, RICHARD P, 1714 YUCCA LN, 66801-5640
342-6989 3005650151 40 M 3005 71 OPH	342-5872 3005490498 22 M 3005 56 GS
BUTCHER MD, THOMAS P, 2029 HUNTINGTON RD, 66801-5423	SHERARD MD, SARAH L, 1201 W 12TH AVE, 66801-2597
0 1601340166 5 M 1601 34 OO	343-6800 1902871566 61 F 1902 90 DR
CAMPBELL MD, EDWARD G, 1601 STATE, 66801-5300 343-2900 1902610916	SNOWBARGER MD, MARVIN D, 1601 STATE ST, 66801-5300 343-2900 1902551065
31 M 1902 62 FP	29 M 1902 55 FP
DAVIS MD, DAVID R, 2300 INDUSTRIAL RD #108, 66801-6636	STEEVES MD, JOHN H, 603 LINCOLN ST, 66801-2440
0 2101280155 2 M 2101 28 OO	343-1065 6701580875
2 M 2101 28 OO	32 M 6701 0 R
DICK JR MD, HENRY J, 25 W 5TH AVE, 66801-4035 342-2341 1902580251	STONE MD, CHESTER W, 1601 STATE ST, 66801-5300 343-2900 1902801037
27 M 1902 59 FP	53 M 1902 85 HEM
EDWARDS MD, DAVID J, 1601 STATE ST, 66801-5300	UNDERWOOD MD, CHARLES C, 25 W 5TH AVE, 66801-4035
343-1191 2803690289	342-2341 1902320462
43 M 2803 77 ORS	7 M 1902 32 IM
FORDYCE MD, NORMAN, 1130 CHESTNUT ST, 66801-2549 343-3533 1902670251	WRIGHT MD, KENDALL M, 1024 W 12TH, 66801-5553 343-2376 1902711232
41 M 1902 67 OTO	45 M 1902 72 FP
GARCIA MD, GOULD C, PO BOX 907, 66801-0907	
342-2521 3607580251	
32 M 3607 65 IM	ERIE — 316
GEITZ MD, JAMES M, PO BOX 907, 66801-0907 342-2521 1902720509	(Labette County Medical Society)
46 M 1902 73 IM	
GINAVAN MD, DUANE A, 1024 W 12TH AVE, 66801-5553	BRYAN MD, EMERY C, 212 N GRANT, 66733-1232 0 1902320098
342-5876 1902620270	4 M 1902 32 OO
35 M 1902 63 FP	CULVER D O, SONYA K, PO BOX 78, 66733-0078
GLENN MD, JAMES N, 1601 STATE ST, 66801-5300 343-1191 4804660271	244-3267 2878860112 61 F 2878 87 FP
40 M 4804 70 ORS	
HARRIS D.O., TIMOTHY P, 2506 W 15TH AVE, 66801-6102	
342-6161 0 56 M 2879 91 GS	ESKRIDGE — 913
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300	(Shawnee County & Flint Hills Medical Societies)
	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533	(Shawnee County & Flint Hills Medical Societies)
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 00 EUDORA — 913
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 00 EUDORA — 913 (Douglas County Medical Society)
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597 343-6800 74801570864 35 M 74801 71 PATH	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807 542-2345 1902580430
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597 343-6800 74801570864 35 M 74801 71 PATH	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807 542-2345 1902580430
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597 343-6800 74801570864 35 M 74801 71 PATH MONTGOMERY MD, MICHAEL L, 1601 STATE ST, 66801-5300 343-1191 1902821305 53 M 1902 86 ORS	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807 542-2345 1902580430
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597 343-6800 74801570864 35 M 74801 71 PATH MONTGOMERY MD, MICHAEL L, 1601 STATE ST, 66801-5300 343-1191 1902821305 53 M 1902 86 ORS NEUER MD, FREDERICK S, 1201 W 12TH AVE, 66801-2597 343-7893 3601710144	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807 542-2345 1902580430 34 M 1902 61 FP
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HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597 343-6800 74801570864 35 M 74801 71 PATH MONTGOMERY MD, MICHAEL L, 1601 STATE ST, 66801-5300 343-1191 1902821305 53 M 1902 86 ORS NEUER MD, FREDERICK S, 1201 W 12TH AVE, 66801-2597 343-7893 3601710144 46 M 3601 74 R	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807 542-2345 1902580430 34 M 1902 61 FP EUREKA — 316 (Butler-Greenwood County Medical Society) MCCLINTICK D O, MICHAEL D, 1602 N ELM ST, 67045-1099 583-7436 2878791102
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597 343-6800 74801570864 35 M 74801 71 PATH MONTGOMERY MD, MICHAEL L, 1601 STATE ST, 66801-5300 343-1191 1902821305 53 M 1902 86 ORS NEUER MD, FREDERICK S, 1201 W 12TH AVE, 66801-2597 343-7893 3601710144 46 M 3601 74 R	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807 542-2345 1902580430 34 M 1902 61 FP EUREKA — 316 (Butler-Greenwood County Medical Society) MCCLINTICK D O, MICHAEL D, 1602 N ELM ST, 67045-1099
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597 343-6800 74801570864 35 M 74801 71 PATH MONTGOMERY MD, MICHAEL L, 1601 STATE ST, 66801-5300 343-1191 1902821305 53 M 1902 86 ORS NEUER MD, FREDERICK S, 1201 W 12TH AVE, 66801-2597 343-7893 3601710144 46 M 3601 74 R PASTOR MD, VICTOR H, 1601 STATE ST STE 101, 66801-5300 342-7715 13202680041 43 M 13202 78 U	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807 542-2345 1902580430 34 M 1902 61 FP EUREKA — 316 (Butler-Greenwood County Medical Society) MCCLINTICK D O, MICHAEL D, 1602 N ELM ST, 67045-1099 583-7436 2878791102 50 M 2878 0 GP SKAER MD, STANLEY A, 100 E 16TH, 67045-1067
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597 343-6800 74801570864 35 M 74801 71 PATH MONTGOMERY MD, MICHAEL L, 1601 STATE ST, 66801-5300 343-1191 1902821305 53 M 1902 86 ORS NEUER MD, FREDERICK S, 1201 W 12TH AVE, 66801-2597 343-7893 3601710144 46 M 3601 74 R PASTOR MD, VICTOR H, 1601 STATE ST STE 101, 66801-5300 342-7715 13202680041 43 M 13202 78 U PIERSON MD, MARK E, 1024 W 12TH AVE, 66801-5553 343-6864 1902801592	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807 542-2345 1902580430 34 M 1902 61 FP EUREKA — 316 (Butler-Greenwood County Medical Society) MCCLINTICK D O, MICHAEL D, 1602 N ELM ST, 67045-1099 583-7436 2878791102 50 M 2878 0 GP
HICKS JR MD, THOMAS E, 1601 STATE ST, 66801-5300 343-2900 1902801533 53 M 1902 0 GS HOPPER MD, CHARLES R, 1726 OLD MANOR RD, 66801-5634 0 1902470294 17 M 1902 47 OO HOWELL MD, BARBARA J, 1601 STATE ST, 66801-5300 343-2900 3401780903 45 F 3401 82 PD KNECHT MD, STEPHEN M, 1201 W 12TH AVE, 66801-2597 342-7722 1902700656 44 M 1902 72 R KRETSINGER DO, W BROCK, PO BOX 907, 66801-0907 342-2521 2878770652 48 M 2878 81 IM LLOYD MD, JOHN C, 1127 CHESTNUT ST STE 300, 66801-2523 343-6565 4802761088 50 M 4814 86 OBG MIGUELINO MD, OLIVER M, 1201 W 12TH AVE, 66801-2597 343-6800 74801570864 35 M 74801 71 PATH MONTGOMERY MD, MICHAEL L, 1601 STATE ST, 66801-5300 343-1191 1902821305 53 M 1902 86 ORS NEUER MD, FREDERICK S, 1201 W 12TH AVE, 66801-2597 343-7893 3601710144 46 M 3601 74 R PASTOR MD, VICTOR H, 1601 STATE ST STE 101, 66801-5300 342-7715 13202680041 43 M 13202 78 U PIERSON MD, MARK E, 1024 W 12TH AVE, 66801-5553	(Shawnee County & Flint Hills Medical Societies) WALKER MD, WILLIAM H, PO BOX 218, 66423-0218 0 2401381239 10 M 2401 40 OO EUDORA — 913 (Douglas County Medical Society) ALTENBERND MD, ELVIN C, RR 1 BOX 19, 66025-0000 0 1902540012 26 M 1902 54 OO BOCK MD, PETER A, PO BOX U, 66025-0821 542-2108 1902842299 57 M 1902 0 FP FUNK MD, EDWARD D, RT 1/BOX 40A, 66025-9027 0 1902410186 4 M 1902 41 OO HOLLADAY MD, KENNETH R, PO BOX G, 66025-0807 542-2345 1902580430 34 M 1902 61 FP EUREKA — 316 (Butler-Greenwood County Medical Society) MCCLINTICK D O, MICHAEL D, 1602 N ELM ST, 67045-1099 583-7436 2878791102 50 M 2878 0 GP SKAER MD, STANLEY A, 100 E 16TH, 67045-1067 583-7486 3901650828

FORT SCOTT — 316 (Bourbon County Medical Society)

(Bourson County mountain Country)
AKERS MD, GUY I, 618 MEADOW LN, 66701-3149 0 1902530017 20 M 1902 53 OO
ALDIS MD, HENRY, 6 E 13TH, 66701-2625
223-3100 1902410011 13 M 1902 41 GP
ALDIS MD, WILLIAM, 1123 S CRAWFORD, 66701-2531 0 1902440026
20 M 1902 44 OO
BAKER MD, MICHAEL P, 710 W 8TH ST, 66701-2498 223-3100 1902880069
62 M 1902 0 ENT
BENAGE MD, JOHN F, 821 BURKE, 66701-2409 223-2200 1902580065 32 M 1902 59 OBG
BRAUN MD, EDWARD W, 710 W 8TH ST, 66701-2404
223-3100 1902680108 42 M 1902 69 U
BURKE MD, JAMES J, 710 W 8TH ST, 66701-2404
223-3100 2834610089 35 M 2834 67 IM
CHOW MD, STANLEY Y, 1410 S EDDY, 66701-3407
0 24222390016 18 M 24222 63 OO
COSENS D O, BRENT L, 821 BURKE, 66701-0000 223-7070 0
58 M 2879 93 EM
DILL MD, RODNEY S, 821 BURKE, 66701-0000 223-2200 74811770021
41 M 74811 78 GP
DUNSHEE MD, CARLYLE M, 710 W 8TH ST, 66701-2404 223-3100 1902570248
32 M 1902 57 GS GETTLER MD, DEAN T, 710 W 8TH ST, 66701-2404
223-3100 1902570311 31 M 1902 57 GS
GOOD MD, JAMES T, RR 1 BOX 140, 66701-9739
0 2802450322 21 M 2802 62 OO
GRANTHAM MD, HERBERT G, 701 W 8TH ST, 66701-2403
223-2200 4501760582 49 M 4501 84 PATH
HALL D O, RALPH W, 710 W 8TH ST, 66701-2498 223-3100 0
57 M 2878 0 GS
IRBY MD, PRATT, 2401 S HORTON #148, 66701-3198 0 4705360222
13 M 4705 40 OO
ISAAC MD, STEVEN R, 902 S HORTON, 66701-0000 223-4100 1902910707 65 M 1902 93 FP
65 M 1902 93 FP KERR MD, GERALD F, 701 W 8TH ST, 66701-2403
223-6164 1902690626 44 M 1902 0 PATH
MCKENNA MD, MICHAEL J, 323 S JUDSON STE 120, 66701-2300
223-3950 1902640611 38 M 1902 65 FP
NICHOLS MD, ROBERT R, 902 S HORTON, 66701-2438
223-4100 2803760741 50 M 2803 77 FP
PARRIS MD, ROGER D, 902 S HORTON, 66701-2438
223-4100 2803780768 51 M 2803 0 FP
PHELPS MD, DAVID W, 902 S HORTON, 66701-2438 223-4100 1902761060
51 M 1902 77 FP

QUINLAN D O, GREGORY H, 710 W 8TH ST, 66701-2404 223-3100 2878770547						
50		2878	85	OPH		
SABA MD, N 223-3100	MEKKI M, 7	10 W 8TH ST, 66	701-2404			
40	М	52801	90	ORS		
SCHMIDT M 223-3100		L, 710 W 8TH, 66 881464	5701-2404			
62	M	1902	91	PD		
	1D, JOHN H	HAROLD, 902 S H	IORTON, 66701	-2438		
47	M	1902	76	FP		
TAGGE MD, 223-3100	BRUCE W	, 710 W 8TH ST,	66701-2498			
55	М	3901	0	OBG		
WEDDLE MD, DOUGLAS P, 902 S HORTON, 66701-2438 223-3100 1720691791						
43	M	1720	73	FP		
WEILERT M 223-2200	D, STEVEN	I V, 821 BURKE,	66701-2409			
57	М	2846	0	PATH		

FREDONIA — 316 (Southeast Kansas Medical Society)

	,	WALDO C, 525 MA 74810700312 74810	ADISON PO BO	OX 576, 66736-0576 GS
0	190238			
12 RINDT ME	M D, PHIL	1902 LIP L, 432 N 7TH,	38 66736-1315	00
378-334 45	1 M	1902710911 1902	81	FP
		ALPH N, PO BOX 1902570914 1902	537, 66736-053 57	7 FP
31	1VI	1902	5/	T.

GARDEN CITY — 316 (Southwest Kansas Medical Society)

	10000							
ARROYO M 275-3700		NO, 603 N 5TH, 6 1670893	7846-5635					
0	М	74802	75	GS				
BAUGHMAN 275-8400		IAEL J, 310 E WA	LNUT ST STE	208, 67846-5500				
56	M	1902	87	ORS				
BEGGS MD 275-3700		603 N 5TH, 6784	6-5635					
39	М	1902	65	IM				
BRUNO MD 276-8201		, PO BOX 1133, (67846-1133					
42	М	4706	73	FP				
CALBECK N 275-3700		603 N 5TH, 67846 751692	5-5635					
50	М	1902	78	IM				
CARPER MD, IVAN H, 2914 FLEMING ST APT 612, 67846-7308 276-4212 1902590125								
28	М	1902	60	EM				
DAS MD, KI 276-4427	RISHNA L,	310 E WALNUT S	ST STE 204, 67	846-5500				
45	M	49509	89	P				
EICHHORN 276-8132		K D, BOX 719, 67 560340	' 846-0719					
25	M	1902	56	FP				
	D, ROBERT	M, 1106 E HACH	KBERRY ST, 67	7846-5833				
	NA	1000	EA	00				

FRY MD, LUTHER L, 310 E WALNUT STE 101, 67846- 275-7248 1902670269 41 M 1902 68	5500 OPH	WELCH MD, MA 275-6111 50 F	URA S, 508 N 7TH, 678 1902752991 1902	78	OBG
GILBERT II MD, JOHN H, 603 N 5TH ST, 67846-5635 275-3700 1902700427 46 M 1902 72	ORS	ZAUCHE MD, JA 275-3730 53 M	MES T, 603 N 5TH ST, 2604792421 2604	67846-5635 86	PD
GREENWOOD MD, JAMES F, PO BOX 419, 67846-04-275-6779 1611650732 33 M 1611 67	19 FP	ZELLER MD, MY 275-3700 38 M	'RON J, 603 N 5TH ST, 1902641048 1902	67846-5635 65	ОМ
HANSEN MD, FRANK W, 603 N 5TH ST, 67846-5635 275-3700 1902761892 49 M 1902 78	PUD		CARDEN	N AINL O	16
HUNSBERGER D.O., TERRY R, PO BOX 679, 67846-0	0679	/	GARDEN F Sedgwick Count		
275-7128 2878730502 47 M 2878 74	FP	·			
JACKSON MD, MICHAEL D, 603 N 5TH ST, 67846-563 275-3700 4814760214	15	0 913024 19 F	JLF MD, TAISSIA L, PO \$20012 91302	60	00
51 M 4814 82	FP				
KOKSAL MD, TOM, PO BOX 1133, 67846-1133 276-8201 1902760721			GAPDNI	ER — 913	
51 M 1902 77	FP	,	Johnson Count		Society)
LE MD, CHUONG DUC, 912 N 5TH ST, 67846-5640 275-4486 94101730381		•	RTEZA, PO BOX 576, 6		ocicly)
48 M 94101 83	GP	856-7822	51701670187		- 22
MATHEWS D O, THOMAS G, 115 N MAIN ST, 67846-5 275-9752 2878790122		38 M	51701	78	GS
48 M 2878 0	OBG		CADNE	TT 010	
MATTHEWS D O, GEORGE E, 115 N MAIN ST, 67846- 275-9752 2878760151		/		TT — 913	Society
48 M 2878 83	OBG	•	Anderson Count	•	Society)
MATZEN MD, TED A, 1111 E SPRUCE, 67846-0000 276-7689 1902851204 52 M 1902 88	Р	0 190244 17 M	CLAIB B, PO BOX 347, 10646 1902	44	00
MELIN MD, BRUCE D, 410 E WALNUT, 67846-5672 272-2222 5605770926 51 M 5605 82	PATH	JANES MD, DON 448-5421 34 M	NALD R, PO BOX 369, 6 1902600350 1902	66032-0369 62	OBG
MEYERS MD, STEPHEN, 603 N 5TH ST, 67846-5635 275-3700 2834740853		448-5421	VID A, PO BOX 349, 66 1902630526		
48 M 2834 77	PD	38 M	1902	64	FP
MILLER MD, ROBERT E, 603 N 5TH ST, 67846-5635 275-3700 4812550646 26 M 4812 75	GS	STEVENS MD, N 448-5454 23 F	AILDRED J, 202 W 4TH, 1902470600 1902	, 66032-1316 47	FP
OPPLIGER DO. ERIC R. 603 N 5TH, 67846-5635					
275-3780 2878760444	GP				
49 M 2878 78	GF	(0		D — 316	-!:! O:t\
ROBERTS MD, SHELDON D, 603 N 5TH, 67846-5635 275-3740 3840812854		,	ford-Cherokee (•	dicai Society)
55 M 3840 87	U	HALL MD, WESL 724-6154	EY H, PO BOX 158, 66 1902570361	743-0158	
RODRIGUEZ MD, PAUL L, BOX 1729, 67846-1729 275-6111 4706660726		25 M	1902	57	FP
39 M 4706 71	R	HALLABA MD, N 724-8899	10HEB A S, 307 N HOS 33003540036	PITAL DR STE	5, 66743-9698
SHULL D O, MICHAEL W, 603 N 5TH, 67846-5635 275-3700 2878820307		29 M	33003	91	GPVS
53 M 0 0	PD				
TEARE MD, MAX E, 1007 DAVIS, 67846-5803 0 1902540934			GLASC	O — 913	
28 M 1902 54	00		(Cloud County		ociety)
TRIOLO MD, PETER A, PO BOX 1905, 67846-1905		HARWOOD MD	CLAUDE J, PO BOX 42		
275-7445 64933790361 43 M 64933 82	DR	0 190255 25 M		55	00
TURNER MD, JOHN W, 1505 SPRUCE #45, 67846-625	50	20 101	1902	30	
0 1902390584 13 M 1902 39	00				
VACHAL MD, EVA, 410 E WALNUT, 67846-5672				RD — 316	
272-2222 1902740941	DATU	(-	Sedgwick Count	ty Medical	Society)
41 F 1902 77	PATH		LARRY A, 216 N MAIN,	67052-0560	
WELCH MD, LAUREN A, PO BOX 763, 67846-0763 275-2141 1902711178		794-8655 60 M	2807800611 2878	0	FP
45 M 1902 72	GS				
			(0)	NI OUTU O	ODD (DD)

GOODWIN MD, MARY K, PO BOX 560, 67052-0560 794-8655 1902770506 53 F 1902 80 FP	PRESTON MD, RICHARD, 3623 BROADWAY STE 2-D, 67530-3644 793-8429 1902690863 42 M 1902 70 IM
OWEN MD, PERE A, 151 S 151ST ST W, 67052-9405 681-2108 1902640700	REDDY MD, SATTI S, 2409 ROCKBRIDGE RD, 67530-6841 792-5938 49561660114
37 M 1902 65 AN	35 M 49504 77 U
	REPLOGLE MD, CHARLES B, 2111 FOREST, 67530-4018
	793-3591 1902530726 27 M 1902 53 FP
GREAT BEND — 316	
(Barton County Medical Society)	RUIZ MD, CARLOS M, 4827 CAMELOT DR, 67530-1348 0 27501521006
ALLEN JR MD, WILLIAM R, 3623 BROADWAY RM 117, 67530-0000	25 M 27501 70 OO
792-2617 1902460027	SCHUETZ MD, PERRY N, 1422 POLK BOX A, 67530-3619
46 M 1902 80 R	793-8414 19027.10996 45 M 1902 72 OPH
BEAHM MD, DONALD E, PO BOX 9, 67530-0009	
792-3626 1902710058 45 M 1902 72 OPH	SHIVEL MD, DAVID G, 3523 FOREST, 67530-3607 793-3523 1902551014
BROWN MD, C REIFF, 1701 K 96 HWY, 67530-3014	28 M 1902 55 FP
792-1248 3901570093	SMITH MD, PERRY M, 1309 POLK, 67530-3618
31 M 3901 0 ORS	792-5341 1902771383 52 M 1902 78 FP
BROZEK MD, JEFFREY E, 1309 POLK, 67530-3618	STANG MD, PATRICK W, 3808 21ST ST, 67530-7419
792-5341 1902830371 57 M 1902 84 FP	792-8637 1902871621
	61 M 1902 91 P
CAVANAUGH MD, CLAIR J, 1320 CLEVELAND, 67530-3633 0 1803470061	WIENS MD, LYNN A, 3520 LAKIN ST STE 105, 67530-3646
23 M 1803 52 OO	792-5200 1902871841 61 M 1902 0 A
CAVANAUGH MD, TERRENCE J, 3515 BROADWAY, 67530-3633	
792-2617 1902820309 55 M 1902 89 R	
	GREENSBURG — 316
DEGNER MD, REX A, 3515 BROADWAY, 67530-3633 792-2511 1902850399	(Iroquois County Medical Society)
58 M 1902 85 PATH	
DOERRY MD, KAREN E, 1309 POLK, 67530-3618	BRADLEY MD, J RODERICK, 224 S SPRUCE, 67054-1732 0 1902470081
792-5341 1902880379 58 F 1902 0 FP	23 M 1902 47 OO
	CANNATA MD, GENE, 502 S WALNUT, 67054-1950
EDMONDS MD, MARTA J, 3520 LAKIN, 67530-3641 792-5437 1902880417	723-2127 1902790337 54 M 1902 81 FP
52 F 1902 91 PD	
EVANS MD, WILLIAM R, 1912 LINCOLN, 67530-7551	MOROHUNFOLA MD, KEHINDE A, 502 S WALNUT, 67504-0000 723-2127 0
0 1902530271 25 M 1902 53 OO	56 M 69005 93 IM
FIESER MD, CARL W, 3515 BROADWAY, 67530-3633	
792-2617 1902710376	
45 M 1902 75 R	HALSTEAD — 316
FLESKE MD, LEONARD T, 1514 K 96 HWY, 67530-3012	(Harvey County Medical Society)
792-4383 1902751994 49 M 1902 75 ORS	AILLON MD, ALEJANDRO J, 327 CHESTNUT, 67056-2006
GILLENWATER MD. DAVID T. 2400 DOVE TER. 67530-6813	835-2241 26402630018 39 M 26402 74 TS
792-5627 1902860611	
60 M 1902 0 AN	BEUGELSDIJK MD, HENRY P, 225 POPLAR, 67056-2220 835-3404 1902741433
JONES MD, EDWARD L, 3515 BROADWAY, 67530-3633	49 M 1902 77 AN
792-2511 1902610410 35 M 1902 62 PATH	BURNETT MD, A DEAN, 504 COLLEGE, 67056-2137
	0 1902520119 21 M 1902 52 OO
KING MD, WILLIAM T, 3421 FOREST, 67530-3605 793-3501 1902610461	
35 M 1902 62 OBG	DECKER MD, DONALD D, 915 W 4TH, 67056-2020 0 1902560285
KIRBY MD, MERLIN G, 3520 LAKIN, 67530-3646	31 M 1902 56 OO
793-3091 1902560633 31 M 1902 56 GS	EASTES MD, GARY D, 327 CHESTNUT, 67056-2006
	835-2241 4812710180 44 M 4812 78 U
MARSHALL MD, ROGER W, 3421 FOREST, 67530-3605 792-2151 1902871124	
60 M 1902 91 OBG	FRANSEN MD, PAUL H, 327 CHESTNUT, 67056-2006 835-2241 6501710065
MCALLASTER MD, WENDALE E, 2111 FOREST, 67530-4018	46 M 6501 74 FP
793-3591 1902540624	GNAU MD, FREDRIC B, RR 2 BOX 22AA, 67056-9802
24 M 1902 54 GS	835-2241 1902680329 42 M 1902 69 OTO
PECK MD, ROGER, 3623 BROADWAY STE 2-D, 67530-3644 793-8429 1902810613	HAVEY MD, DAVID, 225 POPLAR, 67056-0000
54 M 1902 84 IM	HAVE FIVE LIAVID ZZO EVELAB DZUDO-UUUU
54 101 1902 84 1101	835-2231 1945800318 50 M 1645 0 AN

HOOFER MD, 835-2241	WILFORD D, 327 CHES ⁻¹	TNUT, 67056-20	006	DOSS MD, 625-0044 46	4017	D, 1517 E 27TH ST 720219 401	Γ, 67601-2111 0	000
30 M		55	TS	40	М	401	U	OBG
KIMMEL MD, K	ENNETH K, 327 CHEST			625-2551	1902	, 105 W 13TH ST, 2550328		
835-2241 52 M	1902770808	70	13.4	29	M	1902	56	GS
52 M	1902	78	IM	HOLWEGER	R MD, RON	ALD, 2503 CANTE	ERBURY RD, 6	7601-0000
	ENE E, 1102 CHESTNU	T, 67056-0000		625-4363	5127	71955		
0 1902 47 M	730733 1902	77	EM	45	М	512	86	OPH
47 101	1302	′ ′	LIVI			N C, 3200 COUNT	TRY LN, 67601	-1711
	RONALD R, 327 CHES	TNUT, 67056-00	100		902500312	1000	50	00
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	BERT G, RTE 2 BOX 92	C, 67056-9749		0 10 27	001540340 M	1001	62	00
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	NEONILO A, 327 CHEST	NUT, 67056-200	16	625-8553 49	2846 F	3770219 2846	81	GS
835-2241 43 M	74808661032 74808	72	ORS					-
				KIFER MD, 625-6521		BOX 833, 67601-0 2710562	1833	
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	HANOV	ER — 913		628-3217		L B, 2501 E 13TH	SI SIE 7, 676	J1-2764
	(Northeast Kans	as Medical	Society)	45	M	1902	76	GS
	•		000.01,7	MATTICK	ID IDVIN I	I, 2900 COUNTRY	IN 67601 171	10
337-2214	LINDA D, BOX 38, 6694 1902700257	5-0038			302431077	1, 2900 COUNTAI	LIN, 07001-171	U
44 F	1902	71	FP	18	M	2802	54	00
WADDEN MD	DOOED D BOY 00 000	45 0000		MCDONALE	MD. KEV	IN R, PO BOX 117	6. 67601-1176	
337-2214	ROGER D, BOX 38, 669 1902570990	45-0038		628-6014		780562	0, 0,001 1170	
31 M		57	GS	52	M	3006	83	U
				MCDONALE	MD, THO	MAS L, 1010 DOW	NING AVE, 67	601-2461
				628-8218	1902	841217		
	11.034			53	M	1902	85	OPH
		6 - 913		NEIL MD, R		W 13TH ST, 6760	1-3650	
	(Central Kansa:	s Medical S	Society)	628-8341		650525	71	DATU
ADAME MD A	•		• • • • • • • • • • • • • • • • • • • •	38	М	3005	71	PATH
623-2121	LAN W, 2220 CANTERBI 1902800014	JHY, 67601-232	:3			D M, 1300 E 13TH	, 67601-2551	
54 M		81	FP	625-5646 47	3005 M	710633 3005	75	PATH
ALDEDS MD	ROBERT C, 2501 E 13TH	CT CTE 10 67	201 2764	71	IVI	3003	75	1 0111
625-4224	1902770018	131312 10, 67	001-2704			LE J, 1300 E 13TH	l, 67601-2551	
48 M	0	82	IM	625-5646 56	1902 M	1902 1902	84	PATH
APPLEGATE I	R MD, FRANCIS R, 1010	DOWNING AV	F 67601-2461					
628-8218	1902550026	DOWNING AV	L, 07001 L401	POKORNY 628-8218		C, 1010 DOWNIN 891494	G, 67601-2461	
30 M	1902	55	OPH	63	M	1902	0	
ARCISZEWSKI	MD, CHRISTOPHER I, 2	2818 VINE. 6760	01-0430					
628-8221	0	,		625-7301		2220 CANTERBUR	Y RD, 67601-2	323
48 M	35207	93	ORS	48	M	49562	83	TR
BAUER MD. RI	CHARD D, 1517 E 27TH	ST. 67601-211	1	DA IEWCKI	MD DIOLL	A DD 1 0500 CANIT	EDDUDY DD	67604 000
625-0044	1902800073			628-6151		ARD L, 2509 CANT 1761086	ERBURT RD,	5/601-223
54 M	1902	81	OBG	51	M		77	FP
BOWERMAN N	D, ROBERT F, BOX 833	3, 67601-0833		BICHABDS	MD DALL	AS L, 2501 E 13TH	J STE 10 6760	1-2764
628-6718	1102831582			625-4224		742359	1312 10, 6760	1-2/04
44 M	1102	85	R	49	M	1902	76	IM
BRENNER MD	, CYNTHIA L, 2501 E 13	TH STE 10, 676	01-2735	RUTNGAMI	LIG MD LI	UECHA, 105 W 13	TH 67601-365	n
625-4224	0			628-6175		1680216	111, 07001 000	
60 F	1902	92	IM	40	M	89101	76	GS
BULA MD, RAL	PH E, 3209A WILLOW S	ST, 67601-1726		SCHULTZ N	ID CHARL	ES C, 2501 E 13T	H ST STF 7 6	7601-2764
	370117			628-3217		831602		
12 M	1902	37	00	54	M	1902	92	GPVS
CARLSON MD	EARL V, DRAWER 430	67601-0430		STADALMA	N MD, ROS	SS E, 2501 E 13Th	H STE 7, 67601	-2764
628-8221	3005560071	0.5	000	628-3217	1902	731101		
31 M	3005	65	ORS	47	M	1902	74	GS
COOK DO, RA	NDY A, 105 W 13TH ST	, 67601-3650		STUMP MD	HARL G	105 W 13TH, 6760	01-3650	
628-3608	2878810247			625-2551	1902	650926		
52 M	2878	0	IM	39	M	1902	66	GS
COX MD, ROB	ERT H, 217 E 32ND ST,	67601-0000		TAN MD, LO	OURDES R	, 208 E 7TH, 6760	1-4117	
628-6128	1902701300	71	DD	628-2871		9670248	00	D
43 M	1902	71	PD	34	F	74811	88	Р

TILLMAN JR D O, DONALD K, 2714 PLAZ	A AVE 07004 4000	LADOON NO DELBERT L 214 ORECON 66424 2019	
625-7546 1175860335	A AVE, 6/601-1922	LARSON MD, DELBERT L, 314 OREGON, 66434-2218 742-2161 1803640510	
59 M 1175 0) D	30 M 1803 66 F	Р
TIMMONS MD, BRET A, 2509 CANTERBU	JRY RD, 67601-0000	LUNDQUEST MD, DAVID E, 300 UTAH, 66434-2314	
628-6151 576900457 60 M 0 0) FP	742-2131 1902831076 54 M 1902 86 P.	ATH
VILLARANTE MD, FE T, 201 E 7TH, 6760	1-4152	SEARIGHT MD, LOWELL R, PO BOX 316, 66434-0316	
628-8251 74807630800 28 F 74807 0) PM	742-3523 1902810915 48 M 1902 88 F	Р
WATTS MD, HARRY E, 2922 HILLCREST	DR, 67601-1716	SINNING MD, GARY, 314 OREGON, 66434-2218	
0 702540712 27 M 702 6	00	742-2161 1902741778 49 M 1902 77 FI	Р
WEBER MD, WALLACE N, 2707 VINE STE	E 10, 67601-1908		
628-3231 1902691061 43 M 1902 7	70 D		
WERTH MD, DARRELL D, PO BOX 1176,	67601-1176	HILL CITY — 913	المغمام
628-6014 1902753008	76 U	(Central Kansas Medical So	ciety)
		REDDY MD, B N, 114 E WALNUT, 67642-1722 674-2191 49557670024	
WILCOX JR MD, HOWARD L, PO DRAWE 628-8221 1902701237	H 430, 67601-0430	38 M 49557 80 T	R
44 M 1902 7	71 ORS	REDDY MD, P JAGANNADHA, 80 WALNUT DR, 67642-22	39
WOODS MD, GREGORY A, 2818 VINE, 67 628-8221 1902831980	7601-1927	674-2191 49511660024 42 M 49511 73 G	S
	ORS		
WRIGHT MD, MICHAEL J, 2501 E 13TH S 625-6521 0	T STE 2, 67601-2731	LIII LODODO 040	
	92 DR	HILLSBORO — 316	
		(McPherson County Medical S	Society
		ENS MD, GERHARD G, 405 S WILSON, 67063-1827	
HAYSVILL	.E — 316	0 1902550379 20 M 1902 55 C	00
(Sedgwick County	Medical Society)		
MAGSALIN MD, ROMULO D, 141 N MAIN	, 67060-1202		
529-2151 74808661792 40 M 74808 7	78 PATH	HOISINGTON — 316	
		(Barton County Medical So	ciety)
		MOORE MD, ROBERT, 1015 N MAIN ST, 67544-1745	
HERINGTO	DN — 913	0 3901530504	00
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(Dickinson County	Medical Society)	0 3901530504 22 M 3901 53 C	00
(Dickinson County BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478	Medical Society) 67449-1600	0 3901530504 22 M 3901 53 C	
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(Dickinson County BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7	Medical Society) 67449-1600 76 GS	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011	
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(Dickinson County BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTOR (Harvey County II	Medical Society) 67449-1600 76 GS N — 316 Medical Society)	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713	ociety)
(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 74810 7 HESSTON (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPEL 327-4122 1902540225	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 F	ociety)
(Dickinson County BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTON (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPEI 327-4122 1902540225 18 M 1902 5	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 64 GS	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 F HUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908	ociety) GP G-0466
(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTOR (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPEI 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 64 GS 136A, 67062-9425	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 F HUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908	ociety)
(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTOR (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPEI 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 64 GS	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 F HUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908	ociety) GP G-0466
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(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 74810 7 HESSTOR (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPE 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017 31 M 4802 6	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 54 GS 136A, 67062-9425 68 P	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St (Shawnee County Medical St 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 F HUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908 49 M 1902 84 F	ociety) P -0466
(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTOR (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPE 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017 31 M 4802 6	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 64 GS 136A, 67062-9425 68 P	HOLTON — 913 (Shawnee County Medical State County M	ociety) P -0466
(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTON (Harvey County II) DIENER MD, CLAYTON H, 101 W VESPEL 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017 31 M 4802 66 HIAWATH (Northeast Kansas	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 64 GS 136A, 67062-9425 88 P	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 F HUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908 49 M 1902 84 F HORTON — 913 (Northeast Kansas Medical S FRANCISCO MD, EDGARDO, PO BOX 6, 66439-0006 486-2646 74808570665	ociety) P P 0-0466 P Society)
(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTOR (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPE 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017 31 M 4802 6	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 64 GS 136A, 67062-9425 88 P	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 F HUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908 49 M 1902 84 F HORTON — 913 (Northeast Kansas Medical S FRANCISCO MD, EDGARDO, PO BOX 6, 66439-0006 486-2646 74808570665	ociety) P -0466
(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTOR (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPEI 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017 31 M 4802 6 HIAWATH (Northeast Kansas) DUCKETT MD, THOMAS G, 201 MIAMI, 60 1902340111	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 64 GS 136A, 67062-9425 88 P	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 F HUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908 49 M 1902 84 F HORTON — 913 (Northeast Kansas Medical S FRANCISCO MD, EDGARDO, PO BOX 6, 66439-0006 486-2646 74808570665	ociety) P P 0-0466 P Society)
(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTOR (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPEI 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017 31 M 4802 6 HIAWATH (Northeast Kansas) DUCKETT MD, THOMAS G, 201 MIAMI, 6 0 1902340111 10 M 1902 3 HAYES MD, KRIS A, 200 DELAWARE, 664	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 54 GS 136A, 67062-9425 58 P IA — 913 6 Medical Society) 6434-2018	0 3901530504 22 M 3901 53 C HOLTON — 913 (Shawnee County Medical St CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 64914560011 33 M 64914 0 G HARTER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 F HUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908 49 M 1902 84 F HORTON — 913 (Northeast Kansas Medical S FRANCISCO MD, EDGARDO, PO BOX 6, 66439-0006 486-2646 74808570665	ociety) P P 0-0466 P Society)
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(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTOR (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPE 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017 31 M 4802 6 HIAWATH (Northeast Kansas) DUCKETT MD, THOMAS G, 201 MIAMI, 6 0 1902340111 10 M 1902 3 HAYES MD, KRIS A, 200 DELAWARE, 664 742-2131 1902790825 54 M 1902 8 KETTER MD, IVAN C, 314 OREGON ST, 6	Medical Society) 76 GS N — 316 Medical Society) R, 67062-8927 64 GS 136A, 67062-9425 88 P IA — 913 6 Medical Society) 6434-2018 34 OO 434-2112 81 GS	HOLTON — 913 (Shawnee County Medical St. (Shawnee County Medical St. CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 364-3116 364-914 0 GARTHER MD, TERRY L, 418 W 5TH, 66436-1506 364-2126 1902870713 57 M 1902 90 FUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908 49 M 1902 84 FRANCISCO MD, EDGARDO, PO BOX 6, 66439-0006 486-2646 74808570665 31 M 74802 0 GARDON — 913 (NOTHEAST KANSAS Medical ST.) FRANCISCO MD, EDGARDO, PO BOX 6, 66439-0006 486-2646 74808570665 31 M 74802 0 GARDON — 913	ociety) P Society) Society)
(Dickinson County) BUSTOS MD, JONAS G, 1005 NORTH B, 258-3705 74810680478 41 M 74810 7 HESSTOR (Harvey County I) DIENER MD, CLAYTON H, 101 W VESPEI 327-4122 1902540225 18 M 1902 5 YODER MD, VERNON E, ROUTE #1 BOX 283-2400 4812611017 31 M 4802 6 HIAWATH (Northeast Kansas) DUCKETT MD, THOMAS G, 201 MIAMI, 6 0 1902340111 10 M 1902 3 HAYES MD, KRIS A, 200 DELAWARE, 664 742-2131 1902790825 54 M 1902 8	Medical Society) 67449-1600 76 GS N — 316 Medical Society) R, 67062-8927 54 GS 136A, 67062-9425 58 P IA — 913 6 Medical Society) 6434-2018 34 OO 434-2112 31 GS 56434-2218	HOLTON — 913 (Shawnee County Medical St. (Shawnee County Medical St. CHAVEZ MD, CARLOS A, 418 W 5TH, 66436-1506 364-3116 364-3116 364-3116 364-2126 1902870713 57 M 1902 90 FUTCHINS MD, JOEL R, 418 W 5TH PO BOX 466, 66436 364-2126 1902830908 49 M 1902 84 FRANCISCO MD, EDGARDO, PO BOX 6, 66439-0006 486-2646 74808570665 31 M 74802 0 HOXIE — 913 (Northwest Kansas Medical St.) NEUENSCHWANDER MD, JOHN, PO BOX 258, 67740-026 675-3292 2802510619	ociety) P Society) Society)

NEUENSCHWANDER MD, JOHN RAND, PO BOX 258, 67740-0258 FAST D O, JAMES I, 1100 N MAIN, 67501-4406 675-3292 1902720878 47 M 1902 669-6690 0 50 M 1676 FESEN MD, MARK R, 2101 N WALDRON ST, 67502-1131 2500 3306871446 M 3306 0 **HUGOTON — 316** FOSS MD, DANIEL C, 2101 N WALDRON ST, 67502-1131 (Seward County Medical Society) 669-2500 1902690375 43 M 1902 70 LENEVE MD, ROBERT T, 209 S JEFFERSON ST, 67951-2527 0 3901460387 FRIESEN MD, DOUGLAS A, 1701 E 23RD AVE, 67502-1105 3901 665-2107 1902830673 55 M 1902 GILLAN JR MD, DALE E, 1100 N MAIN ST, 67501-4406 669-2500 1902780668 53 M 1902 HUMBOLDT - 316 1902 (Southeast Kansas Medical Society) GRAVES MD, KATHRYN, 2101 N WALDRON ST, 67502-1197 669-2500 1902742146 49 F 1902 NEEF MD. DOUG STEVENS, 202 S 9TH, 66748-1908 473-2275 2803840761 57 M 2803 2803 85 GRINIS MD, GEDAS M, 2101 N WALDRON ST, 67502-1197 669-2500 2834830551 56 M 2834 HALE MD, RALPH, 37 LINKSLAND DR, 67502-8979 **HUTCHINSON** — 316 1902460183 (Reno County Medical Society) HEDRICK MD, KENNETH E, 36 LINKSLAND DR, 67502-8951 BARKER MD, STANTON L, 2101 N WALDRON ST, 67502-1197 0 1902530360 27 M 669-2512 1902790108 54 M 1902 1902 HOLCOMB MD, MURRAY A, 2101 N WALDRON ST, 67502-1131 BAUER MD, THOMAS A, 2101 N WALDRON ST, 67502-1197 1902670030 M 669-2500 1902860866 60 M 1902 669-2500 HOLDERMAN MD, WALLACE D, 815 E 56TH, 67502-8720 BLITZ MD, ROGER, 2020 N WALDRON ST, 67502-1193 663-6780 2105630088 38 M 2105 0 0 1902540471 28 M 1902 ISSINGHOFF MD, CHAD J, 2101 N WALDRON ST, 67502-1197 BORRA MD, MARIO J, 2802-B NOTTINGHAM DR, 67502-2592 669-2500 1902830932 55 M 1902 2401470134 2401 JARROTT MD, JOHN B, 3003 N MONROE ST, 67502-2333 BOS MD, NORMAN C, 2606 N VANBUREN, 67502-2016 0 1902400300 16 M 1902 1611470211 M 1611 JOHNSON MD, RANDLE C, 1100 N MAIN ST, 67501-4406 BRAUN MD, STEVEN D, 2101 N WALDRON ST, 67502-1131 0 1902870241 61 M 663-2151 1902720673 46 M 1902 1902 KENNING MD, GERALD F, 17 BEECHWOOD LN, 67502-1802 CARLSON MD, ERIC A, 2101 N WALDRON ST, 67502-1131 669-8917 3006820483 54 M 3006 669-2500 1902880221 62 M 1902 85 KLOSTERHOFF MD, BRUCE E, 1715 E 23RD AVE, 67502-1188 CASEY MD, JAMES L, 1100 N MAIN, 67501-4406 665-2240 1611711073 45 M 1611 669-6715 3005690080 42 M 3005 LESSER MD, DANE A, 2101 N WALDRON ST, 67502-1197 CULLAN MD, GEORGE E, 2101 N WALDRON ST, 67502-1131 669-2500 3901750784 49 M 3901 669-2500 3006831124 53 M 3006 OBG LOMASNEY MD, PATRICK J, 2101 N WALDRON ST, 67502-1131 DAVIS MD, W D, 1100 N MAIN ST, 67501-4406 0 1902700192 M 1902 669-2500 1720821717 55 M 1720 669-6690 MALLONEE MD, WILLIAM M, 2101 N WALDRON ST, 67502-1131 DEMSKI MD, STANLEY L, 2101 N WALDRON ST, 67502-0000 669-2500 3901820987 51 M 3901 500 0 M 2012 669-2500 DEPENBUSCH MD, FRANCIS L, 1708 E 23RD, 67502-1114 MCCOY MD, CHARLES T, 100 N MAIN ST STE 813, 67501-5259 0 1902410402 16 M 663-7187 1902650179 38 M 1902 1902 DOBBS MD, MICHAEL E, 1100 N MAIN ST, 67501-4406 MCKEE MD, GARY S, 2101 N WALDRON ST, 67502-1197) 4802750469 M 4802 669-2500 1902831203 57 M 1902 4802 MCMULLEN MD, JOSEPH E, 2101 N WALDRON ST, 67502-1131 ECKART MD, DE MERLE E, 2517 E 45TH, 67502-1601 669-2578 1902620563 33 M 1902 0 1902400181 14 M 40 1902 FALTER MD, RICHARD T, 1708 E 23RD ST, 67502-1114 MILLS MD, STEPHEN C, 1100 N MAIN ST, 67501-4406 663-7187 1902670200 38 M 1902 669-6690 3901700663 44 M 3901

MULL MD, JOHN C, 2101 N WALDRON ST, 67502-1131 669-2500 1902610606	STAFFORD MD, ROBERT W, 2101 N WALDRON ST, 67502-1131 669-2500 2101691091
34 M 1902 0 OBG	43 M 2101 74 IM
NANNEY MD, GREGORY D, 1100 N MAIN ST, 67501-4406 669-6690 3901811210	STOUT MD, JAMES M, 3918 N MISSION DR, 67502-1131
55 M 3901 86 HEM	29 M 1902 55 OO
NEUSCHAFER MD, DARREL R, 2101 N WALDRON ST, 67502-1197 669-2500 1902740801	STRANGE MD, BRIAN H, 2101 N WALDRON, 67502-0000 669-2500 0
48 M 1902 0 OBG	50 M 1205 94 OPH
NUNEMAKER MD, MARION E, PO BOX 1129, 67504-1129 0 1902460451	SUMNER MD, JOYCE R, 3011 NUTMEG LN APT B, 67502-2967
21 M 1902 46 OO	0 1902510768 26 F 1902 51 OO
PAULY MD, TIMOTHY R, 2101 N WALDRON ST, 67502-1131	SUMNER MD, MARION M, 3011 NUTMEG LN APT B, 67502-2967
669-2500 1902821488 56 M 1902 85 FP	0 1902520674 26 M 1902 52 OO
PEASE MD, GARY L, 1712 E 23RD AVE, 67502-1195	TANKSLEY MD, JOHN A, 2020 N WALDRON ST, 67502-0000
662-4458 3005670585 41 M 3005 77 OTO	663-6780 2701781417 53 M 2701 92 ORS
PERKINS MD, JACK L, 9 PRAIRIE DUNES DR, 67502-8787	TAYLOR MD, ELWYN J, 6500 N PLUM, 67502-4847
0 1902530645 24 M 1902 53 OO	0 1902610797 34 M 1902 62 OO
RAO MD, MEENA, 2101 N WALDRON ST, 67502-0000	TISDALE MD, TERRANCE C, 2020 N WALDRON ST, 67502-1193
669-2500 49509810019 57 F 49509 93 PD	663-6780 6701610499 36 M 6701 0 ORS
RATE MD, PEGGY S, 2101 N WALDRON ST, 67502-1131	TWEITO MD, DAVID H, 2101 N WALDRON ST, 67502-1197
669-2500 1902730423 46 F 1902 0 PD	669-2500 1803640889 38 M 1803 69 PD
RATE MD, ROBERT G, 2101 N WALDRON ST, 67502-1197	
669-2500 1902730920 47 M 1902 0 IM	VARNEY MD, DAWN M, 1701 E 23RD ST, 67502-0000 665-2000 0
RICHMAN MD, DANA R, 4 OAKWOOD LN, 67502-1800	52 F 3905 93 NM
669-2500 1902831548 54 M 1902 91 FP	WESLEY MD, MICHAEL R, 2101 N WALDRON ST, 67502-1131 669-2500 1902801291
RICHMAN MD, DAVID S, 2101 N WALDRON ST, 67502-1131	54 M 1902 0 FP
669-2500 1902831556 57 M 1902 0 FP	WOODS MD, DENNIS D, 2101 N WALDRON ST, 67502-1131 669-2500 1902861994
RODGERS MD, CHRISTOPHER P, 2101 N WALDRON ST, 67502-1131	60 M 1902 87 IM
669-2500 1902810664 55 M 1902 0 FP	WORTMAN MD, JACK A, 2101 N WALDRON ST, 67502-1197 669-2500 1902620938 34 M 1902 63 IM
SAVAGE MD, W RICHARD, 1100 N MAIN ST, 67501-4406 669-6690 3901741068	
48 M 3901 0 IM	
SAYLOR MD, RANDEL L, 2101 N WALDRON ST, 67502-1197 669-2500 1720803247	INDEPENDENCE — 316
53 M 1720 85 OPH	(Southeast Kansas Medical Society)
SCHEEL MD, BRADLEY J, 1100 N MAIN ST, 67501-4406	APGAR MD, ROBERT G, PO BOX 964, 67301-0964 331-6113 3306800034
663-2151 1902742006 48 M 1902 0 GER	49 M 3306 93 GS
SCHEKALL MD, MICHAEL J, 2101 N WALDRON ST, 67502-0000	ATWOOD MD, LARRY C, PO BOX 314, 67301-0314 331-8610 1902800057
669-2500 3006870839 60 M 3006 90 DR	54 M 1902 80 FP
SELLERS D O, SCOTT, 107 ROADRUNNER LN, 67502-0000	BARBERA MD, PORTER E, 700 E BIRCH ST, 67301-4326
663-4264 2879850366 68 M 2879 0 FP	0 4707460046 19 M 4707 47 OO
SHEARS MD, ROBERT N, 1100 N MAIN, 67501-4406	DUTTON MD, KARRI D, PO BOX 748, 67301-0748
0 1902441359 20 M 1902 44 OO	331-2806 0 64 F 4814 93 PD
CMITH MD THOMAS W 1712 E 22DD AVE 67502 1105	ELLIS MD, BOBBY J, P O BOX 1043, 67301-1043
	331-7390 1902770450 51 M 1902 89 IM
SMITH MD, THOMAS W, 1712 E 23RD AVE, 67502-1195 662-4458 1643680722 43 M 1643 80 OTO	
662-4458 1643680722 43 M 1643 80 OTO	EMPSON MD, CHARLES L. PO BOX 848, 67301-0848
662-4458 1643680722 43 M 1643 80 OTO SOURK MD, ROBERT L, 2101 N WALDRON ST, 67502-1197 669-2500 1902771413	EMPSON MD, CHARLES L, PO BOX 848, 67301-0848 331-6019 1902680256 37 M 1902 68 FP
662-4458 1643680722 43 M 1643 80 OTO SOURK MD, ROBERT L, 2101 N WALDRON ST, 67502-1197 669-2500 1902771413 52 M 1902 0 IM	331-6019 1902680256 37 M 1902 68 FP
662-4458 1643680722 43 M 1643 80 OTO SOURK MD, ROBERT L, 2101 N WALDRON ST, 67502-1197 669-2500 1902771413 52 M 1902 0 IM SPENCER MD, JOHN P, 1905 E 23RD AVE, 67502-0000 663-4500 0	331-6019 1902680256 37 M 1902 68 FP KNUTH MD, KENNETH L, 2900 TERRA VISTA DR, 67301-1536 331-2200 1902500371
662-4458 1643680722 43 M 1643 80 OTO SOURK MD, ROBERT L, 2101 N WALDRON ST, 67502-1197 669-2500 1902771413 52 M 1902 0 IM SPENCER MD, JOHN P, 1905 E 23RD AVE, 67502-0000 663-4500 0 43 M 1611 0 CD	331-6019 1902680256 37 M 1902 68 FP KNUTH MD, KENNETH L, 2900 TERRA VISTA DR, 67301-1536 331-2200 1902500371 22 M 1902 50 R
662-4458 1643680722 43 M 1643 80 OTO SOURK MD, ROBERT L, 2101 N WALDRON ST, 67502-1197 669-2500 1902771413 52 M 1902 0 IM SPENCER MD, JOHN P, 1905 E 23RD AVE, 67502-0000 663-4500 0 43 M 1611 0 CD SPITZER MD, JEROME S, 1100 N MAIN ST, 67501-4406 669-6690 3005590611	331-6019 1902680256 37 M 1902 68 FP KNUTH MD, KENNETH L, 2900 TERRA VISTA DR, 67301-1536 331-2200 1902500371 22 M 1902 50 R PHIPPS MD, RONNY, PO BOX 843, 67301-0843 331-7901 512792472
662-4458 1643680722 43 M 1643 80 OTO SOURK MD, ROBERT L, 2101 N WALDRON ST, 67502-1197 669-2500 1902771413 52 M 1902 0 IM SPENCER MD, JOHN P, 1905 E 23RD AVE, 67502-0000 663-4500 0 43 M 1611 0 CD SPITZER MD, JEROME S, 1100 N MAIN ST, 67501-4406	331-6019 1902680256 37 M 1902 68 FP KNUTH MD, KENNETH L, 2900 TERRA VISTA DR, 67301-1536 331-2200 1902500371 22 M 1902 50 R PHIPPS MD, RONNY, PO BOX 843, 67301-0843

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IOLA — 316 (Allen County Medical Society)

BILLINGS	SLEY JR M 19025800		7 N WALNUT S	Г, 66749-2247
31	M	1902	59	00
SINGER 365-31	,	D, 201 WEST	ST, 66749-2825	
49	M	1902	0	FP
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53	M	1902	0	FP

JUNCTION CITY — 913 (Geary County Medical Society)

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BOLLMAN N 762-4575 41		ES S, PO BOX 3 660122 3901	97, 66441-0397	GS
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BRETHOUF 238-4151		IE J, 207 S EVED), 66441-3431	
13	M	3006	41	FP
CRAIG MD, 762-4255		A, 1106 ST MARY 780412	''S RD STE 204	, 66441-4158
53	М	1902	81	IM
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DARABANT 762-7655		S E, 1106 ST MAR 3640058	RY'S RD STE 2	01, 66441-4158
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LOCHAMY 762-6543		ARD E, 1106 ST N 3880081	IARY'S RD #30	6, 66441-0000
55	M 6490	64914	0	IM
MACE MD,	RONALD D), 1106 ST MARY	'S RD STE 305	66441-4158
762-4884	3901	740738		
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23	M	5605	50	00
		106 ST MARY'S F	RD STE 103, 66	441-0000
238-2663 41	0 M	2803	94	ORS

KANOPOLIS — 913 (Central Kansas Medical Society)

KEF	PKA MD,	DENNIS J,	РО ВОХ	132, 67454-0132	
4	72-3184	56101	750871		
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KANSAS CITY — 913 (Wyandotte County Medical Society)

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43 ALLEGRE M	M ID. ANN	401 I. 155 S 18TH		, 66102-5654	OBG
321-0341 50		902771715 1902		78	IM
ALLIN MD, E	DENNIS	M, 3901 RA	INBOW BI	LVD, 66160-73	28
588-6500 57		902830029 1902	C		EM
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				BLVD, 66160-	
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ARNOLD ME	D, PAUL	. M, 3901 RA	INBOW B	LVD, 66160-00	000
588-7587 58	0 M	1611	9	93	NS
ASHER MD,	MARC	A, 3901 RAII	NBOW BL	VD, 66160-738	37
588-6130 36		902620024 1902		3	ORS
				BLVD, 66160-	7380
588-6713 57		804850070 4804		32	NOTO
				OW BLVD, 66 [.]	
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BAEKE JR N	ИD, JOH	N L, 21 N 12	2TH #200,	66102-0000	
281-0033 57	0 M	1902	C)	PS
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			01 RAINB	OW BLVD, 66	160-7234
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588-6670 54	19 M	902790183 1902	8	30	AN
BERGANT N	ЛD, JAN	1ES A, 21 N	12TH ST	#300, 66102-5	174
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BERGIN MD	, JAME	S J, 51 N 12	TH ST, 66	102-5177	
281-8767 28		107540045 2407		76	IM
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299-6936 58	, 3 MAF 0 M	1902	TALLEL FI		P
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BOSILEVAC MD, FRED N, 155 S 18TH STE 217, 66102-5644	DAILY MD, DONNA K, 3901 RAINBOW BLVD, 66160-7330
342-4843 1902440174 16 M 1902 44 OPH	588-5900 0 44 F 1902 78 PD
BRACKETT JR MD, CHARLES E, 460 TERRACE TRAIL E, 66106-9505	DALE MD, DENNIS M, 21 N 12TH ST, 66102-0000
0 3501440123 20 M 3501 52 OO	621-0101 0 56 M 2105 94 PM
BRILLHART MD, MAXINE T, 4540 COUNTY LINE RD, 66106-3745 0 1902500096	DANIELS MD, HERBERT A, 21 N 12TH ST #200, 66102-5161 281-5500 4002750215
15 F 1902 50 OO	46 M 4002 86 ENT
BROOKS MD, WILLIAM H, 155 S 18TH STE 101, 66102-5644	DAVIS MD, CHRISTOPHER G, 1006 N WASHINGTON BLVD, 66102-4047
371-4343 1902742219 49 M 1902 78 R	0 1902390118 9 M 1902 40 OO
CALDERON MD, JAIME, 155 S 18TH ST #275, 66102-5174	DAVIS MD, DIRK B, 3901 RAINBOW BLVD, 66160-1415
261-1000 26401660231 39 M 26401 75 CD	588-6670 1902890315 61 M 1902 93 AN
CALKINS MD, JOHN W, 3901 RAINBOW BLVD, 66160-7316 588-6236 1902760250	DAVIS MD, PAULA J, 3901 RAINBOW BLVD, 66160-0001 588-1937 1803761368
51 M 1902 76 OBG	51 F 1803 0 FP
CARPENTER MD, PAUL R, 155 S 18TH STE 290, 66102-5654	DELCORE MD, ROMANO, 3901 RAINBOW BLVD, 66160-7308 588-6183 1902810974
371-6800 1902500126 24 M 1902 50 GS	588-6183 1902810974 57 M 1902 84 GS
CHAFFEE MD, TERRY L, 3901 RAINBOW BLVD, 66160-7415	DEMOTT MD, WAYNE R, 8929 PARALLEL PKY, 66112-1636
588-6670 1902790361 53 M 1902 0 AN	596-4724 4002590102 34 M 4002 68 PATH
CHALIAN MD, ALEXANDER R, 2648 MINNESOTA AVE, 66102-4024 0 3509370141	DUJOVNE MD, CARLOS A, 3901 RAINBOW BLVD, 66160-7320 588-6061 13201610405
3 M 3509 57 OO	37 M 13201 73 IM
CHANG MD, C H JOSEPH, 3901 RAINBOW BLVD, 66160-7234 588-6807 58301530011	DULIN MD, JOSE I, 21 N 12TH #300, 66102-0000
588-6807 58301530011 29 M 58301 71 R	621-0101 84711750061 51 M 84711 81 IM
CHENG MD, KOON-LIM, 51 N 12TH ST, 66102-0000	DUNN MD, MARVIN I, 3901 RAINBOW BLVD, 66160-7378
281-8839 24402730397 50 M 24402 93 AN	588-6015 1902540241 27 M 1902 54 CD
CHERNOFF MD, MARY A, 8929 PARALLEL PKY, 66112-1636 596-4100 1902831181	EL-SHIEKH MD, BRENDA, 3901 RAINBOW BLVD, 66160-0000 588-1936 0
56 F 1902 84 AN	57 F 4102 93 FP
CHEUNG MD, LAURENCE Y, 3901 RAINBOW BLVD, 66160-7385 588-6101 38503680014	EMAMI MD, ABBAS, 3901 RAINBOW BLVD, 66160-7330 588-6340 51703710135
44 M 38503 91 GS	45 M 51703 0 PD
CHIN MD, TOM D, 3901 RAINBOW BLVD, 66160-7313	EMORY MD, JEFF, 51 N 12TH, 66102-5177
588-2772 2501460233 22 M 2501 73 ID	281-8881 0 60 M 2846 91 EM
CHO MD, CHENG T, 3901 RAINBOW BLVD, 66160-7330 588-6336 38501620081	ERENBERG MD, ALLEN, 3901 RAINBOW BLVD, 66160-7330 588-6339 1611670415
37 M 38501 74 PD	43 M 1611 0 PD
CHONKO MD, ARNOLD M, 3901 RAINBOW BLVD, 66160-7382 588-6074 3840690244	ESTES MD, NORMAN C, 3901 RAINBOW BLVD, 66160-7308 588-6150 1902710350
588-6074 3840690244 43 M 3840 74 NEP	588-6150 1902710350 40 M 1902 84 GS
COVILLO D O, FREDERICK V, 8919 PARALLEL PKY STE 550, 66112-1655	FABIAN MD, CAROL J, 3901 RAINBOW BLVD, 66160-0000
334-7756 2878780925 49 M 2878 0 GS	588-7791 0 46 F 1902 93 ON
COX III MD, IRA L, 155 S 18TH STE 101, 66102-5644 371-4343 1902680183	FARO MD, SEBASTIAN, 3901 RAINBOW BLVD, 66160-7316 588-6200 3006750949
43 M 1902 69 DR	41 M 3006 92 OBG
COX MD, GLENDON G, 3901 RAINBOW BLVD, 66160-7234	FORSTER MD, JAMESON, 3901 RAINBOW BLVD, 66160-7308
588-6800 1902800243 55 M 1902 84 DR	588-6183 4101801646 52 M 4101 89 GS
CULP MD, LOUIS M, 8919 PARALLEL PKY STE 208, 66112-1655	FOX MD, DEANNA K, 3901 RAINBOW BLVD, 66160-7415
334-6801 1902530211	588-6670 1902741531
CUPPAGE MD, FRANCIS E, 3901 RAINBOW BLVD, 66160-7410 588-7070 3840590312	FRANCISCO MD, W DAVID, 3901 RAINBOW BLVD, 66160-0001 588-6129 1902440531
32 M 3840 68 PATH	21 M 1902 44 ORS
DADKHAH MD, NADER, 1428 S 32ND, 66106-0000	GABRIELLI JR MD, WILLIAM F, 3901 RAINBOW BLVD, 66160-7341
384-1630 1902870438 57 M 1902 0 IM	588-6400 1902870616 55 M 1902 89 P
DAHL MD, DAVID C, 51 N 12TH, 66102-5161	GARRISON D O, KYLE D, 677 S 55TH ST, 66106-0000
281-8881 4101801646 59 M 1645 90 EM	287-1414 2878860791 57 M 2878 94 FP

GILHOUSEN MD, FREDERIC M, 8919 PARALLEL PKY STE 270, 66112-1655	HOLMES MD, FREDERICK F, 3901 RAINBOW BLVD, 66160-7350
788-7111 1902660336 40 M 1902 67 ORS	588-6005 5404570350 32 M 5404 69 IM
GLADDEN MD, JOSEPH R, 3901 RAINBOW BLVD, 66160-0000	HOLMES MD, GRACE E, 3901 RAINBOW BLVD, 66160-7330
588-1908 1902801223 54 M 1902 82 FP	588-2773 5404570368 32 F 5404 68 PD
GOLLUB MD, STEVEN B, 3901 RAINBOW BLVD, 66160-7378	HOOVER MD, LARRY A, 3901 RAINBOW BLVD, 66160-7380
588-6015 1205780404 53 M 1205 80 CD	588-6720 3840710512 44 M 3840 90 OTO
GOTO MD, HIROSHI, 3901 RAINBOW BLVD, 66160-7415 588-6670 57241670025	HUERTER MD, QUENTIN C, 8919 PARALLEL PKY STE 226, 66112-1655 299-8800 1902590401
42 M 57241 76 AN	31 M 1902 60 OPH
GRANTHAM MD, JARED J, 3901 RAINBOW BLVD, 66160-7382 588-6074 1902620300	HULL MD, LUELLEN, 8919 PARALLEL PKY #332, 66112-1655 788-9797 0
36 M 1902 69 NEP	60 F 2803 91 OBG
GREENBERGER MD, N J, 3901 RAINBOW BLVD, 66160-7350 588-6001 3806590249	HUTCHISON MD, MICHAEL C, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902780854
33 M 3806 72 IM	53 M 1902 80 AN
GREENE MD, LAWRENCE S, 8919 PARALLEL STE 206, 66612-0000	IBARRA MD, RICHARD C, 754 PACIFIC, 66101-3714
788-7099 3506540231 33 M 3506 81 GE	0 64902570258 26 M 64902 63 OO
GRUENDEL MD, RICHARD A, 6926 GARFIELD AVE, 66102-0000	INGRAM MD, JOHN E, 1428 S 32ND, 66106-2160
0 1902550441 29 M 1902 55 OO	384-1630 3006560317 24 M 3006 57 FP
GRUENDEL MD, VIRGINIA T, 6926 GARFIELD AVE, 66102-0000	JAHANIAN MD, DARYOUSH, 8919 PARALLEL PKY #304, 66112-1655
0 1902550450 30 F 1902 55 OO	334-5420 51701640318 40 M 51701 74 OBG
HADDENHORST MD, ANN M, 155 S 18TH ST, 66102-0000 621-1000 702890446	JAYARAM MD, MARANDAPALLI R, 8919 PARALLEL PKY STE 416, 66112-1655 299-3700 49509650135
63 F 702 94 IM	42 M 49509 73 PD
HANCOCK MD, ALAN C, 9201 PARALLEL, 66112-1549 299-1474 1902640343	JETER MD, JOHN, 3901 RAINBOW BLVD, 66160-0000 588-6504 1902810435
35 M 1902 65 FP	55 M 1902 82 EM
HARA MD, GLENN S, 3901 RAINBOW BLVD, 66160-7316 588-6241 514690278	JEWELL MD, WILLIAM R, 3901 RAINBOW BLVD, 66160-7308 588-6112 1611610838
43 M 514 73 OBG	35 M 1611 72 GS
HART MD, KELLY Z, 155 S 18TH STE 101, 66102-5644	JOHNSON MD, CYNDA A, 3901 RAINBOW BLVD, 66160-7370
371-4343 1902752133 50 M 1902 76 DR	588-1908 514770760 51 F 514 77 FP
HARWOOD MD, MICHAEL R, 155 S 18TH STE 275, 66102-0000	JOHNSON MD, DAVID B, 4601 ORVILLE #5, 66102-3607
621-1000 1611811311 55 M 1611 87 IM	596-1313 2002790672 54 M 2002 0 FP
HENDRICKS MD, K DWIGHT, 8919 PARALLEL PKY STE 226, 66112-1655	JOHNSON-GIANNOPOULOS MD, NADINE, 8919 PARALLEL PKY STE 325,
299-8800 1611791212	66112-1655
53 M 1611 80 OPH	299-8846 1803630565 38 F 1803 0 IM
HERMRECK MD, ARLO S, 3901 RAINBOW BLVD, 66160-7308 588-7232 1902650390	KERBY MD, GERALD R, 3901 RAINBOW BLVD, 66160-7381
38 M 1902 66 GS	588-6044 1902580499 32 M 1902 62 PUD
HIEBERT MD, JOHN M, 3901 RAINBOW BLVD, 66160-7389 588-2000 2405670341	KHARE MD, PRATIBHA, 8929 PARALLEL PKY, 66112-1636
42 M 2405 80 PS	596-4100 49547710028
HILD MD, PETER G, 3901 RAINBOW BLVD, 66160-7415	
588-6670 4802830772 57 M 4802 89 AN	KIM MD, JONG M, 3901 RAINBOW BLVD, 66160-7415 588-6670 58303640221
HINTHORN MD, DANIEL R, 3901 RAINBOW BLVD, 66160-7354	40 M 58302 74 AN
588-3974 1902670404 41 M 1902 68 ID	KINDSCHER MD, JAMES D, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902820945
	55 M 1902 83 AN
HITE MD, PAMELA R, 3901 RAINBOW BLVD, 66160-0000 588-6504 1803880561	KOVAC MD, ANTHONY L, 3901 RAINBOW BLVD, 66160-7415
57 F 1803 92 EM	588-6670 1902770816 52 M 1902 81 AN
HOADLEY MD, WILLIAM D, 3901 RAINBOW BLVD, 66160-7377 588-3974 1902560536	KRAMER MD, GARY M, 21 N 12TH ST #300, 66102-5174
31 M 1902 56 IM	621-0101 1601851420 57 M 1601 0 ORS
HOLDCRAFT MD, JACQUELYNE, 155 S 18TH #160, 66102-5644 321-1161 2105630487	KRANTZ MD, KERMIT E, 3901 RAINBOW BLVD, 66160-7316
36 F 2105 68 ENT	588-6201 1606480799
HOLLADAY MD, FRANK P, 8919 PARALLEL PKY STE 455, 66112-1655	23 M 1606 59 OBG
299-9507 3006801250 53 M 64914 88 NS	KWEE MD, SIOE T, 8929 PARALLEL PKY, 66112-1636 596-4723 1720630750
	36 F 1720 70 PATH

KYNER MD, JOSEPH L, 3901 RAINBOW BLVD, 66160-7318 588-6048 1902600384	MATTIOLI MD, LEONE, 3901 RAINBOW BLVD, 66160-7330 588-6311 56115560013 32 M 56115 69 PDC
34 M 1902 61 IM	32 M 56115 69 PDC
LAING MD, ROBERT R, 21 N 12TH #200, 66102-5644 281-0033 1643610431 37 M 1643 62 GE	MCCARTHY MD, ROBERT P, 8919 PARALLEL STE 231, 66112-1655 334-9003 2834530719 25 M 2834 54 U
LAMBERT MD, KENNETH J, 1217 N 5TH ST, 66101-0000	MCCULLOCH MD, DAWNA L, 51 N 12TH, 66102-5161
342-4211 0 59 M 401 92 OBG	281-8881 0 63 F 2846 90 EM
LARSON MD, MARK W, 3901 RAINBOW BLVD, 66160-7370	MCLEAN MD, THOMAS R, 21 N 12TH ST #200, 66102-5161
588-1908 1902901872 56 M 1902 89 FP	281-0033 0 56 M 1602 92 CDTS
LAWWILL MD, THEODORE, 3901 RAINBOW BLVD, 66160-7303 588-6605 4705610296 37 M 4705 80 OPH	MEBUST MD, WINSTON K, 3901 RAINBOW BLVD, 66160-7390 588-6146 5404580398 33 M 5404 66 U
LEE MD, JAMES G, 121 S TREMONT ST, 66101-3843	MEYER MD, MARK C, 3901 RAINBOW BLVD, 66160-7370
0 1902440867 18 M 1902 44 OO	588-1908 1902891231 61 M 1902 89 FP
LEE MD, JAE M, 155 S 18TH #290, 66102-5654 371-6800 58302650118 40 M 58302 74 GS	MILLER MD, DENNIS W, 600 NEBRASKA STE 102, 66101-2219 621-4001 4707750583 49 M 4707 82 OBG
LEE MD, KYO R, 3901 RAINBOW BLVD, 66160-7234	MOELLER MD, DONALD D, 4631 ORVILLE AVE #111, 66102-3647
588-6800 58302590107 33 M 58302 73 R	287-0004 1902600546 34 M 1902 61 GE
LEHMAN MD, SAMUEL R, 21 N 12TH ST #300, 66102-0000	MOLOS MD, MARK A, 8919 PARALLEL STE 206, 66112-0000
621-0101 0 45 M 5501 94 N	788-7099 2846810415 57 M 2846 88 IM
	MOORE MD, WAYNE V, 3901 RAINBOW BLVD, 66160-7330
LEVINE MD, ERROL, 3901 RAINBOW BLVD, 66160-7234 588-6800 83601640191	588-6326 2604701786
41 M 83601 77 DR	42 M 2604 74 PD
LEVINE MD, JOSEPH M, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902861056	MORFFI MD, RAUL R, 8919 PARALLEL PKY STE 206, 66112-1655 788-7099 27501510799
60 M 1902 90 AN	25 M 27501 67 IM
LIEBERMAN MD, BRUCE IRWIN, 3901 RAINBOW BLVD, 66160-7330	MUNNS MD, STEPHEN W, 3901 RAINBOW BLVD, 66160-7387
588-5919 3843740218 49 M 3819 79 PD	588-6133 1803791186 53 M 1803 0 ORS
LINDGREN MD, TIBERIO F, 21 N 12TH ST #300, 66102-0000	MURRAY MD, JANE L, 3901 RAINBOW BLVD, 66160-7370
621-0101 0 52 M 56111 94 ON	588-1900 514771014 51 F 514 86 FP
LINDSLEY MD, CAROL B, 3901 RAINBOW BLVD, 66160-7330	NELSON MD, JOHN B, 8919 PARALLEL PKY STE 203, 66112-1655
588-6325 5404680848	788-5800 2846750188
41 F 5404 74 PD	48 M 2846 78 PUD
LINDSLEY MD, HERBERT B, 3901 RAINBOW BLVD, 66160-7317 588-6009 1902660611	NIBBELINK MD, LARRY W, 8919 PARALLEL PKY STE 440, 66112-1655 299-2229 2846750196
40 M 1902 74 RHU	48 M 2803 79 OBG
LIU MD, ALBERT T, 8919 PARALLEL PKY STE 322, 66112-1655 788-9797 1902791171	NOBLE MD, MARK J, 3901 RAINBOW BLVD, 66160-7390 588-6148 2501751459
49 M 1902 80 OBG	49 M 2501 81 U
LIU MD, CHIEN, 3901 RAINBOW BLVD, 66160-7354	NORRIS MD, CHARLEY W, 3901 RAINBOW BLVD, 66160-7380
588-6035 24217470036 21 M 24217 59 ID	588-6700 1902640688 33 M 1902 65 OTO
LUDWIG MD, LEE V, 155 S 18TH STE 290, 66102-5644	O'BOYNICK II MD, PAUL LEONARD, 3901 RAINBOW BLVD, 66160-7383
371-6800 1902810907 54 M 1902 91 GS	588-6118 1902730822 48 M 1902 79 NS
LUKERT MD, BARBARA P, 3901 RAINBOW BLVD, 66160-7318 588-6048 1902600422 34 F 1902 61 END	O'DONNELL MD, HELEN M, 3901 RAINBOW BLVD, 66160-0000 588-1908 3546801704 44 F 3546 94 PM
MACDOUGALL MD, MARGARET L, 3901 RAINBOW BLVD, 66160-7382	OLSON MD, NANCY Y, 3901 RAINBOW BLVD, 66160-7330
588-6074 1902771723 48 F 1902 82 NEP	588-6325 2846820801 58 F 2846 0 A
48 F 1902 82 NEP	58 F 2846 0 A
48 F 1902 82 NEP MANI MD, MANI M, 3901 RAINBOW BLVD, 66160-7389 588-6142 49527590131	58 F 2846 0 A PALAZZOLO MD, MICHAEL J, 3901 RAINBOW BLVD, 66160-7330 588-5919 0
48 F 1902 82 NEP MANI MD, MANI M, 3901 RAINBOW BLVD, 66160-7389 588-6142 49527590131 37 M 49527 74 PS	58 F 2846 0 A PALAZZOLO MD, MICHAEL J, 3901 RAINBOW BLVD, 66160-7330 588-5919 0 59 M 2834 91 PD
48 F 1902 82 NEP MANI MD, MANI M, 3901 RAINBOW BLVD, 66160-7389 588-6142 49527590131 37 M 49527 74 PS MARTIN MD, NORMAN L, 3901 RAINBOW BLVD, 66160-7234 588-6800 1902620512	58 F 2846 0 A PALAZZOLO MD, MICHAEL J, 3901 RAINBOW BLVD, 66160-7330 588-5919 0 59 M 2834 91 PD PARDO MD, LILLIAN G, 3901 RAINBOW BLVD, 66160-7330 588-6371 74802620903
48 F 1902 82 NEP MANI MD, MANI M, 3901 RAINBOW BLVD, 66160-7389 588-6142 49527590131 37 M 49527 74 PS MARTIN MD, NORMAN L, 3901 RAINBOW BLVD, 66160-7234	58 F 2846 0 A PALAZZOLO MD, MICHAEL J, 3901 RAINBOW BLVD, 66160-7330 588-5919 0 59 M 2834 91 PD PARDO MD, LILLIAN G, 3901 RAINBOW BLVD, 66160-7330
48 F 1902 82 NEP MANI MD, MANI M, 3901 RAINBOW BLVD, 66160-7389 588-6142 49527590131 37 M 49527 74 PS MARTIN MD, NORMAN L, 3901 RAINBOW BLVD, 66160-7234 588-6800 1902620512	58 F 2846 0 A PALAZZOLO MD, MICHAEL J, 3901 RAINBOW BLVD, 66160-7330 588-5919 0 59 M 2834 91 PD PARDO MD, LILLIAN G, 3901 RAINBOW BLVD, 66160-7330 588-6371 74802620903

299-2069		VI A, 6013 LEAVE)1710341	NWORTH RD,	66104-0000	588-6805		ALPH G, 3901 RA 1902620768	INBOW BLVD, 66	160-7234
47		49501	85	FP		M	1902	63	NM
PARRA MD 299-2069		C, 6013 LEAVENV 03750108	VORTH RD, 661	04-1498	RODRIGUE 621-0101		HECTOR D, 21 N 64914748440	12TH ST #300, 66	6102-0000
43	M	84703	83	FP	52	M	64914	94	IM
PARRA MD 299-2069		. M, 6013 LEAVEN	NWORTH RD, 6	6104-0000			CKY J, 3901 RAIN 1902771600	BOW BLVD, 6616	0-7358
63	M	1902	94	FP		F	1902	0	NPM
PARRA MD 299-2069		D, 6013 LEAVENV	WORTH RD, 661	104-1498	ROSENTHA 588-6198		HOWARD G, 390	1 RAINBOW BLV	0, 66160-7387
	M 0471	84710	70	FP		М	301	91	ORS
		N, 51 N 12TH, 66	102-0000				STANTON J, 390	1 RAINBOW BLVD	0, 66160-0001
281-8881 61	5104 M	1871137 5104	89	EM		M	1902710953 1902	72	DR
		ENCE L, 3901 RA	AINBOW BLVD,	66160-7370			E, 51 N 12TH ST,	66102-5161	
588-1908 34	1902 M	2590699 1902	73	FP		M	1902620776 1902	63	PATH
PIERCE ME	, GEORGE	E E, 3901 RAINBO	OW BLVD, 66160	0-7373	ROTHEMIC	н мр,	STEPHEN F, 390	1 RAINBOW BLVD	0, 66160-7370
588-6128 33	2307 M	7600466 2307	72	TS	588-1908 63	M	5104	93	FP
		M, 4517 TROUP,					CCA A, 3901 RAII		
	4707 M		69	PD	588-1908		1902821666 1902	90	FP
POTTER MI	D, ROBER	T L, 155 S 18TH S	ST #275, 66102-	5654	SCHIMKE M	1D, R N	IEIL, 3901 RAINBO	OW BLVD, 66160-	7318
321-0341 38	1902 M	2640726 1902	64	IM		M 1	1902620806 1902	63	IM
POWERS N		ERT, 8919 PARAI	LLEL PKY STE 4	416, 66112-1655	SCHLOERB	MD, F	AUL R, 3901 RAII	NBOW BLVD, 661	60-7308
299-3700 33	1902 M	2650705 1902	67	FP	588-7565 19	M	3545440465 3545	55	GS
PRESTON I	MD. DAVID	F, 3901 RAINBO	W BLVD. 66160	-7234	SCHROEDE		JOEL, 51 N 12TH		
588-6810		590588 3841	74	NM	281-8881 64			0	EM
		1300 N 81ST ST		(W)					Y STE 416, 66112-1655
0 19	902470481			00	299-8000	1	1902630747		
24	M	1902	47	00	37	M	1902	64	CD
299-2069	2640	N, 6013 LEAVENV 01690068			371-4343	3	URTIS P, 155 S 1 3005730863		
45	M	26401	76	GS	47	М	3005	77	DR
PUGH MD, 588-6015		3901 RAINBOW B 80530	BLVD, 66160-737	78	SHAW MD, 588-5919		_A K, 3901 RAINB 1902861544	OW BLVD, 66160	-7330
29	M	801	64	CD	60	F	1902	89	PD
	CHARLES	E, 21 N 12TH ST	T STE 400, 6610	2-5174			REN M, 3901 RAII 1902821755	NBOW BLVD, 661	60-0000
43	M 4707	4707	75	OBG	50	F	1902	82	RHU
		21 N 12TH ST ST	E 400, 66102-51	174			NDER, 155 S 18TH	H ST #220, 66102-	0000
492-3443 57	2846 M	8810512 2846	87	PS	321-7327 52	M	49529	94	OPH
RALSTIN M	D. JAMES	H, 6013 LEAVEN	WORTH RD. 66	104-1498	SMITH MD.	DEBR	A L, 3901 RAINBC	W BLVD. 66160-7	7330
299-2069 49		2742341 1902	78	IM	588-6340		2846830858 2846	92	PD
		EN M, 1428 S 32F					ARET L, 3901 RA		
384-1630	1902	821569			588-1908	2	834831328		
	M	1902	94	FP	55	F	2834	84	FP
588-6129		ERICK W, 3901 F 590475	RAINBOW BLVD	, 66160-7387	588-6243	1	MAS E, 3901 RAI 1902731098		
34	M	3545	66	ORS	47	М	1902	82	OBG
REDMON D 588-1908		L, 3901 RAINBOW 8830370	/ BLVD, 66160-7	7370	SOUCEK M 371-4343		ARLES D, 155 S 18 8005560682	8TH STE 101, 661	102-5644
44	F	2878	0	FP	31	М	3005	64	R
REEB MD, I 371-4343		, 155 S 18TH ST :	STE 101, 66102	-5644		LELAI 02360	ND, 910 N WASHI	NGTON BLVD, 66	5102-4045
	M	3006	79	DR	12	M	1902	36	00
		B, 3901 RAINBO	W BLVD, 66160-	7350			IN B, 3901 RAINB	OW BLVD, 66160	-7415
588-6019 28	1902 M	2580766 1902	66	GE	588-6670 57	M	1802861635 4802	90	AN
RIDGWAY N	MD, LOUIS	E, 3901 RAINBO	W BLVD, 66160	-7316			MD, DANIEL J, 39	01 RAINBOW BLV	/D, 66160-7317
588-6250 58	0 M	2101	92	OBG	588-6008 36		2834620921 2834	73	Α

STEELE MD, CLARENCE H, 8009 NEBRASKA AVE, 66112-2138	WEIGEL MD, JOHN W, 3901 RAINBOW BLVD, 66160-7390
0 1902400474	588-6147 1902540977
14 M 1902 40 OO	29 M 1902 54 U
STEER MD, PHYLLIS L, 3901 RAINBOW BLVD, 66160-7415	WETZEL MD, LOUIS H, 3901 RAINBOW BLVD, 66160-7234
588-6670 1902851778	588-7894 1902821950
57 F 1902 89 AN	56 M 1902 84 DR
STEHR MD, CHRISTIAN H, 51 N 12TH, 66102-0000	WILKINSON MD, STEVEN B, 3901 RAINBOW BLVD, 66160-7383
281-7774 1643670786 41 M 1606 0 AN	588-6107 2846850760
41 M 1606 0 AN	60 M 2846 92 N
STEWART MD, DANIEL L, 3901 RAINBOW BLVD, 66160-7316	WILLIAMSON JR, MD, MARK B, 21 N 12TH ST, 66102-0000
588-6222 1902871663 61 M 1902 93 OBG	621-0101 4706822017
01 W 1902 93 OBG	56 M 4706 94 ORS
STUBBLEFIELD MD, CHARLES T, 8919 PARALLEL PKY STE 440, 66112-1655	WILSON MD, DAVID B, 3901 RAINBOW BLVD, 66160-7378
299-2229 1902580936 32 M 1902 59 OBG	588-6015 4706801001 54 M 4706 81 CD
	34 W 4700 01 OD
THEROU MD, LEONA F, 3901 RAINBOW BLVD, 66160-7330 588-5908 6701670190	WISE MD, JOSEPH E, 8919 PARALLEL PKY STE 326, 66112-1655
41 F 6701 71 PD	299-8300 1902761582 51 M 1902 0 PD
THOMAS MD. FUZARETHILL COOK DAINDOW PLVD. CC4CO 0000	
THOMAS MD, ELIZABETH H, 3901 RAINBOW BLVD, 66160-0000 588-6670 4816870173	WOLF MD, KARL T, 6500 GREELEY AVE #305, 66104-2647 0 1902480541
61 F 4816 92 AN	14 M 1902 48 OO
THOMAS MD, JAMES H, 3901 RAINBOW BLVD, 66160-7308	
588-6115 2012660629	ZINN MD, THOMAS W, 155 S 18TH STE 101, 66102-5644 371-4343 1902671001
41 M 2012 75 GS	41 M 1902 68 R
THOMAS MD, THOMAS V, 8919 PARALLEL PKY STE 550, 66112-1655	
334-7676 49549610021	
37 M 49549 72 CDTS	KANSAS CITY, MO — 816
THOMPSON MD, DANNIE M, 21 N 12TH ST STE 400, 66102-5174	,
321-3355 4707640583	
35 M 4707 68 OBG	AHMED MD, IFTEKHAR, 2900 BALTIMORE #390, 64108-3407 756-2651 89519740019
TICKLES MD, DEBRA F, 8919 PARALLEL PKY STE 326, 66112-1655	45 M 0 0 N
299-8300 1902841829 56 F 1902 89 PD	
30 1 1302 03 13	BAKER MD, GARY L, 2801 WYANDOTTE, 14140-0000 561-1414 2802770092
TIOJANCO MD, REYNALDO R, 6013 LEAVENWORTH RD, 66104-1498	51 M 2802 89 PS
299-2069 74801652437	
44 M 0 65 FP	DADATHOLIGE ND 1005DH D 0075 HOLNES #400 04404 0000
	BARNTHOUSE MD, JOSEPH R, 6675 HOLMES #430, 64131-0000 444-7515 0
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387	
	444-7515 0 58 M 1902 91 PS
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS	444-7515 0
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN	444-7515 0 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 91 PD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742	444-7515 0 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330	444-7515 0 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 91 PD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084
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TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965	444-7515 0 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415	444-7515 0 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451 281-8881 2846790074
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902810923	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451
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TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902810923 55 M 1902 82 AN VAIL MD, BELINDA A, 3901 RAINBOW BLVD, 66160-7370	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451 281-8881 2846790074 55 M 1902 83 EM CISKEY MD, WILLIAM J, 5050 OAK ST APT 612, 64106-3521 0 1902730253
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902810923 55 M 1902 82 AN VAIL MD, BELINDA A, 3901 RAINBOW BLVD, 66160-7370 588-1908 1902870322	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451 281-8881 2846790074 55 M 1902 83 EM CISKEY MD, WILLIAM J, 5050 OAK ST APT 612, 64106-3521
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TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902810923 55 M 1902 82 AN VAIL MD, BELINDA A, 3901 RAINBOW BLVD, 66160-7370 588-1908 1902870322 54 F 1902 87 FP VATS MD, TRIBHAWAN S, 3901 RAINBOW BLVD, 66160-7330	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451 281-8881 2846790074 55 M 1902 83 EM CISKEY MD, WILLIAM J, 5050 OAK ST APT 612, 64106-3521 0 1902730253 47 M 1902 74 FP CULLAN MD, SAMUEL K, 5600 NE ANTIOCH RD, 64119-2377 861-7600 0
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TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902810923 55 M 1902 82 AN VAIL MD, BELINDA A, 3901 RAINBOW BLVD, 66160-7370 588-1908 1902870322 54 F 1902 87 FP VATS MD, TRIBHAWAN S, 3901 RAINBOW BLVD, 66160-7330 588-6340 49529630033 40 M 49529 75 PD	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451 281-8881 2846790074 55 M 1902 83 EM CISKEY MD, WILLIAM J, 5050 OAK ST APT 612, 64106-3521 0 1902730253 47 M 1902 74 FP CULLAN MD, SAMUEL K, 5600 NE ANTIOCH RD, 64119-2377 861-7600 0 54 M 3006 0 DAVIS MD, RICHARD E, 1010 W 56TH, 64113-1113
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902810923 55 M 1902 82 AN VAIL MD, BELINDA A, 3901 RAINBOW BLVD, 66160-7370 588-1908 1902870322 54 F 1902 87 FP VATS MD, TRIBHAWAN S, 3901 RAINBOW BLVD, 66160-7330 588-6340 49529630033 40 M 49529 75 PD VORAN MD, DAVID A, 3901 RAINBOW BLVD, 66160-7370	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451 281-8881 2846790074 55 M 1902 83 EM CISKEY MD, WILLIAM J, 5050 OAK ST APT 612, 64106-3521 0 1902730253 47 M 1902 74 FP CULLAN MD, SAMUEL K, 5600 NE ANTIOCH RD, 64119-2377 861-7600 0 54 M 3006 0 DAVIS MD, RICHARD E, 1010 W 56TH, 64113-1113 0 1902540209
TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902810923 55 M 1902 82 AN VAIL MD, BELINDA A, 3901 RAINBOW BLVD, 66160-7370 588-1908 1902870322 54 F 1902 87 FP VATS MD, TRIBHAWAN S, 3901 RAINBOW BLVD, 66160-7330 588-6340 49529630033 40 M 49529 75 PD	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451 281-8881 2846790074 55 M 1902 83 EM CISKEY MD, WILLIAM J, 5050 OAK ST APT 612, 64106-3521 0 1902730253 47 M 1902 74 FP CULLAN MD, SAMUEL K, 5600 NE ANTIOCH RD, 64119-2377 861-7600 0 54 M 3006 0 DAVIS MD, RICHARD E, 1010 W 56TH, 64113-1113 0 1902540209 26 M 1902 54 OO
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TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902810923 55 M 1902 82 AN VAIL MD, BELINDA A, 3901 RAINBOW BLVD, 66160-7370 588-1908 1902870322 54 F 1902 87 FP VATS MD, TRIBHAWAN S, 3901 RAINBOW BLVD, 66160-7330 588-6340 49529630033 40 M 49529 75 PD VORAN MD, DAVID A, 3901 RAINBOW BLVD, 66160-7370 588-1908 1902881782 50 M 1902 88 FP WAXMAN MD, STEVE W, 3901 RAINBOW BLVD, 66160-7390	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451 281-8881 2846790074 55 M 1902 83 EM CISKEY MD, WILLIAM J, 5050 OAK ST APT 612, 64106-3521 0 1902730253 47 M 1902 74 FP CULLAN MD, SAMUEL K, 5600 NE ANTIOCH RD, 64119-2377 861-7600 0 54 M 3006 0 DAVIS MD, RICHARD E, 1010 W 56TH, 64113-1113 0 1902540209 26 M 1902 54 OO
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TOBY MD, EDWARD B, 3901 RAINBOW BLVD, 66160-7387 588-6134 1720812688 55 M 1720 91 ORS TORLINE MD, RONALD L, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902841837 58 M 1902 85 AN TRUEWORTHY MD, ROBERT C, 3901 RAINBOW BLVD, 66160-7330 588-6340 2802660742 40 M 2802 73 PD TUCKER MD, VIRGINIA L, 3901 RAINBOW BLVD, 66160-7330 588-5908 1902570965 30 F 1902 57 PD UNRUH MD, GREGORY K, 3901 RAINBOW BLVD, 66160-7415 588-6670 1902810923 55 M 1902 82 AN VAIL MD, BELINDA A, 3901 RAINBOW BLVD, 66160-7370 588-1908 1902870322 54 F 1902 87 FP VATS MD, TRIBHAWAN S, 3901 RAINBOW BLVD, 66160-7330 588-6340 49529630033 40 M 49529 75 PD VORAN MD, DAVID A, 3901 RAINBOW BLVD, 66160-7370 588-1908 1902881782 50 M 1902 88 FP WAXMAN MD, STEVE W, 3901 RAINBOW BLVD, 66160-7390 588-6146 0 60 M 1902 93 U WEATHERSTONE MD, KATHLEEN B, 3901 RAINBOW BLVD, 66160-7330 588-6337 1902831904	444-7515 0 58 M 1902 91 PS BRADLEY MD, JAMES K, 2900 BALTIMORE #650, 64108-0000 561-6277 0 51 M 1205 80 PUD BRUMMETT MD, RICHARD R, 2300 MAIN ST STE #1090, 64108-2415 221-8400 1902640084 34 M 1902 65 FP CHAVES MD, ENRIQUE, 2401 GILLHAM RD, 64108-0000 234-3000 3901630118 36 M 3901 0 PDN CHRISTENSEN MD, SHANE R, 4822 RIDGEWAY CT, 64133-2451 281-8881 2846790074 55 M 1902 83 EM CISKEY MD, WILLIAM J, 5050 OAK ST APT 612, 64106-3521 0 1902730253 47 M 1902 74 FP CULLAN MD, SAMUEL K, 5600 NE ANTIOCH RD, 64119-2377 861-7600 0 54 M 3006 0 DAVIS MD, RICHARD E, 1010 W 56TH, 64113-1113 0 1902540209 26 M 1902 54 OO DEITZ MD, MICHAEL R, 3101 BROADWAY ST #990, 64105 561-2224 4101580216 32 M 4101 62 OPH DEVINS MD, GEORGE S, 6700 TROOST #520, 64131-4401 0 0 36 M 1902 62 IM
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GODFREY MD, WILLIAM A, 4320 WORNALL RD STE 714, 64111-3210 561-2289 1902650284 38 M 1902 66 OPH	WOLFF MD, FREDERICK P, 10000 WÔRNALL RD #1117, 64114-4361 0 1902441600 20 M 1902 44 OO
GORTON MD, MICHAEL E, 4320 WORNALL RD STE 50-II, 64111-0000 931-7743 0	YOST JR MD, JOHN G, 6420 PROSPECT STE T207, 64132-1187 444-9000 0
61 M 1902 93 CD	53 M 3005 0 ORS
GRAHAM MD, J ROBERT, 8880 WARD PKY, 64114-2756 333-9700 1902701342 43 M 1902 0 FP	ZARR MD, JAMES S, 6675 HOLMES ST #410, 64131-1167 276-7035 2803811108 55 M 2803 86 PM
HANSON MD, E JEROME, 4320 WORNALL RD STE 328, 64111-0000 931-1150 0	
43 M 4101 75 NS	KINIOMANI 040
HATHAWAY MD, PETER, 1010 CARONDELET DR #220, 64114-4822	KINGMAN — 316
941-2121 3503600195 31 M 3503 74 IM	(Ninnescah Medical Society)
HOPKINS MD, JAMES P, 6700 TROOST AVE #240, 64131-4401	BOYER MD, ROBERT E, PO BOX 273, 67068-0273 262-7400 1902620059
523-7811 0 22 M 2407 85	36 M 1902 63 FP
HORNIG MD, GREGORY W, 4320 WORNALL RD STE 328, 64111-0000	BURKET JR MD, GEORGE E, RR 1 BOX 159A, 67068-9652 0 1902370125 12 M 1902 37 OO
931-1150 0 49 M 3841 86 NS	12 W 1302 37 33
HUNKELER MD, JOHN D, 4321 WASHINGTON ST #6000, 64111-5900	
0 0 41 M 1902 85 OPH	KINSLEY — 316
KAHN JR MD, NORMAN B, 8880 WARD PKY, 64114-0000	(Iroquois County Medical Society)
333-9700 0 47 M 1902 91 FP	ATWOOD MD, M DALE, 409 ELIZABETH AVE, 67547-1243
KANAREK MD, HENRY J, 6724 TROOST #304, 64131-0000	0 1902510032 19 M 1902 51 OO
822-8555 0 93 PDA	SCHNOEBELEN MD, RENE E, 416 E 4TH, 67547-1212
KEPES MD, JOHN J, 6612 BROOKLYN, 64132-0000	659-2141 3901400384 16 M 3901 46 FP
0 47301520146 28 M 47301 62 OO	
KINDRED MD, LYNN H, 4321 WASHINGTON AVE STE 4000, 64111-0000 531-5510 0	KIOWA — 316
37 M 1902 0 CD	(Ninnescah Medical Society)
KINPORTS SR MD, EDWARD B, PO BOX 1823, 64141-0000 0 1602420309 15 M 1602 77 OO	CHRISTENSEN MD, MARION D, 220 S 8TH, 67070-0000 824-4121 3901520100
KLEMM MD, J MARTIN, 4320 WORNALL RD #702, 64111-3210	25 M 3901 94 FP
561-2524 1902780943 53 M 1902 80 P	STRANATHAN D O, SIDNEY W, 220 S 8TH, 67070-0000 825-4121 0 47 M 2878 80 FP
MATHEWS MD, DAVID R, HBC #3 PO BOX 9627, 64134-0627 966-5011 1902781150	
53 M 1902 80 FP	LA CROSSE — 913
MCINTEE MD, RAE A, 225 W DARTMOUTH RD, 64113-2509	(Barton County Medical Society)
363-7652 0 57 F 3006 91 OTO	BHARGAVA MD, ASHOK KUMAR, PO BOX 490, 67548-0490
PAYNE MD, J RALPH, 4460 ROCKHILL TER, 64110-1541	222-2564 49547640119
596-4180 1902660808 40 M 1902 67 EM	37 M 49547 78 FP
REIVICH MD, RONALD S, 1000 E 50TH ST #270, 64110-2215	
822-0297 3806600601 34 M 3806 66 P	LAKIN — 316
RISING MD, JESSE D, 10000 WORNALL RD #2107, 64114-4363	(Southwest Kansas Medical Society)
0 1902380481 14 M 1902 38 OO	WAMSLEY MD, CRAIG A, 506 THORPE BOX 744, 67860-9604
SCHLOZMAN MD, DANIEL L, 6420 PROSPECT STE T303, 64132-1188	355-7550 1902872104 58 M 1902 0 FP
333-1919 0 38 M 1902 0 PM	
SCHUKMAN MD, JAY S, 4435 MAIN STE 810, 64111-0000	LANCING 012
531-6300 1902752737 50 M 1902 76 FP	LANSING — 913 (Leavenworth County Medical Society)
THALBLUM MD, HARVEY, 6400 PROSPECT STE 310, 64132-1179 523-2400 0	BALIDO MD, ALBERTO J, PO BOX 2, 66043-0000 727-3235 0 CP
39 M 1103 0 R	44 M 30803 92 GP
UTLEY MD, JAMES HARMON, 4951 WESTWOOD TER, 64112-1159 281-8881 1606741941	GRAHAM MD, KENNETH L, 1517 W EISENHOWER RD, 66043-0000 0 3840450243
51 M 1606 77 EM	21 M 3840 48 OO

JONES MD, J 727-2300		17 N MAIN, 6604 890862	3-1371		DILLON MD 3	STEVEN (C, 3310 CLINTON	PARKWAY CI	F 66047-2632
	F 19020	1902	92	IM	842-7200	19027		82	IM
					DINSDALE MI 841-1107		T C, 1112 W 6TH	H ST STE 216,	66044-2249
		LARNE	D — 316		58 N		4812	90	ОТО
	(Bai	ton County	Medical S	ociety)	DUNLAP MD, 842-4344		L, 711 SUNSET	DR, 66044-24	35
		M, 804 CARROLL	., 67550-2426		12 N		3005	38	EENT
285-6958 61	F 0	1902	90	FP			RT M, 1222 ORC	HARD CT, 660	49-4433
COOK MD, TI 285-6958		E R, 804 CARRO 370411	_L, 67550-2426			2350124 M	1902	35	00
61 I	М	1902	90	FP			12 W 6TH ST #1	08, 66044-2249	9
	O, OLE R, 2430233	915 W 6TH, 6755	0-2827		841-3211 44 N		00397 1902	0	R
	M	1902	43	00			08 MAINE ST, 66	044-1359	
SHAH MD, M	IAN MUKA	ARRAM, SHAH CI	INIC PO BOX :	30, 67550-0030	842-7026 47 N	19027 И	40305 1902	75	AN
285-3173 32 I	16002 M	2580032 70403	76	GS			1AS W, 1112 W 6		
SHAH MD, NA	ASREEN,	SHAH CLINIC PO	BOX 30, 6755	0-0030	865-5995 56 N	19028 √	150542 1902	90	FP
285-3173		9620068 70409	76	OBG			1301 IOWA ST,		• •
					0 1902 22 F	2450277	1902	45	00
					GI EASON ME	LEEEDE	EY J, 545 COLUM	IDIA DD 66040	0000
			CE — 913		823-1424	19028	90552		
	(Dou	glas County	Medical S	Society)	63 N	VI	1902	93	OBG
BAILEY MD, \	WILLIAM A	A, PO BOX 1898,	66044-8898		GODWIN MD, 841-6540		A, 500 ROCKLED 50425	GE, 66049-256	61
843-9125 40	19026 M	660051 1902	67	ORS	28 N		1902	55	AN
					HAGGAN MD,	, MARGAF	RET E, 1746 N H	ST, 66044-425	2
0 280	2480043	R, 324 WOODLA		-1838 		1420355	2501	69	00
23 1	М	2802	54	00	HASSELLE III	MD IAM	ES E, 346 MAINE	ST 66044-12	Ω4
843-3640		L, 647 MASSACH 100032 1902	HUSETTS ST S 40	TE 201, 66044-2292	841-1243	47065	90621 4706	69	P
10 1	VI	1902	40	rr	HATTON MD	DONAL D	W, 404 MAINE S	T STE 2 6604	4-1207
841-5217		548 ELDORADO 710066			842-3635	19026		69	IM
45 I	М	1902	93	ENT					
		, 4004 TRAIL RD,	66049-4112		HIEBERT MD, 842-6201	, DAVID L. 19026	, 2009 CAMELBA 10371	CK DH, 66047	-2129
842-3778 14		390144 2604	42	PDA	36 N	VI	1902	62	R
		ON L, 346 MAINE	ST, 66044-1394	4	HIEBERT MD, 841-3636		404 MAINE ST, 680370	66044-1397	
842-4477 17	19024 M	120076 1902	42	PD			1902	72	CD
		N KRAUS, 404 M	AINE ST, 66044	-1397	HOFFMAN MI 842-3635		P, 404 MAINE ST '80811	, 66044-1397	
842-3635 52	19027	770204 1902	78	IM			1902	0	IM
BUCK JR MD	HENRY	W, WATKINS ME	M HOSP 6604	5-0001	HOFFMANN N	MD, MARY	' A, 543 LAWREN	ICE AVE STE	D, 66049-4217
864-9500		500121 1902	61	OBG	799-2994 54 F		'80311 2846	80	ORS
BURGESS MI	D ARTHI	IR P, PO BOX 82	6 66044-0826		INGHAM JR N	ИD, H LAIF	RD, 404 MAINE S	STE 3, 66044-1	397
0 190	2520101				842-3635 45	39017	700540 3901	73	IM
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BURT MD, R0 865-5300		2323 RIDGE CT, 340326	66046-0000		832-1424	19028	YN N, 545 COLU 81685	MBIA DR, 6604	
47	M	1902	86	FP	62 F	=	1902	93	OBG
CHEDIAK MD 841-7430		601 MISSOURI ST 4650344	Γ, 66044-2361			1 PENFIEL 1310650	.D, 346 MAINE, 6	6044-1394	
	И	84704	71	P			2401	33	GS
	WARREN 8460251	NT, 3506 W 10TH	I ST, 66049-322	25		HOWARD 2510377	F, 805 SUNSET	DR, 66044-24	33
	M	3508	67	00			1902	51	00
DENNING ME 842-6644		, 346 MAINE ST, 320422	66044-1394		KENNEDY ME 842-3635		IE, 404 MAINE, 6	6044-1397	
	M 19020	1902	83	IM	55 F		1902	0	IM
DENNING MD 864-8500		IA M, WATKINS I 321208	HLTH CENTER,	66045-0001	LANGE MD, N 832-2020		46 MAINE, 66044 50701	1-1394	

LANGE MD, MICHAEL, 308 MAINE ST, 66044-1359			
		STACEY MD, KIMBALL, 3201 RIVERVI	EW RD, 66049-2019
842-7026 1902851034		842-8020 1902792089	
59 M 1902 0	AN	48 M 1902	82 IM
LEARNED MD, GEORGE R, 401 ARKANSAS, 66044-13	338	STEIN MD, MATTHEW, 3310 CLINTON	PARKWAY CT. 66047-2632
843-5502 1902550701		842-7200 2803770983	
22 M 1902 56	GS	49 M 2803	0 ON
22 W 1302 30	do	49 101 2000	O ON
LOVELAND MD C CHARLES 246 MAINE 20044 400		SUPPES MD, KIMBERLY C, 346 MAINE	CT C0044 0000
LOVELAND MD, G CHARLES, 346 MAINE, 66044-1394	+		51, 66044-0000
842-4477 1902730695		842-6644 0	
47 M 1902 74	PD	62 F 2307	0 GS
MADSEN MD, GLENN L, 1112 W 6TH, 66044-2215		VERNON MD, MARY C, 500 ROCKLED	GE RD, 66049-2561
841-3211 3005650479		841-6540 1902771529	
38 M 3005 68	R	52 F 1902	78 FP
MANAHAN MD, G EUGENE, 2129 TERRACE RD, 6604	19-2736	VIERTHALER MD, STEPHEN L, 545 CO	DI LIMBIA DR STE 1001 66049-2363
0 1902440913	10 27 00	832-1424 1902771693	2201112111 211 212 1001, 00010 2000
19 M 1902 44	00	51 M 1902	78 OBG
13 10 1302 44	00	31 W 1902	76 OBG
MCGINNEGO MD MARILEE V 1110 W CTH CTE 204	66044 2240	WELL MD, MICHAEL A, 1112 W 6TH S	T CTE 106 66044 2240
MCGINNESS MD, MARILEE K, 1112 W 6TH STE 204,	00044-2249		1 312 100, 00044-2249
843-2010 3905820116		749-0639 1606671128	
54 F 3905 88	GS	41 M 1606	74 U
MODDRELL MD, CAROL A, 325 MAINE, 66044-1360		WENDT MD, RICHARD G, PO BOX 189	98, 66044-8898
749-6100 1902710023		843-9125 1902831921	
45 F 1902 72	PATH	57 M 1902	84 ORS
MYRICK MD, STEPHEN W, 346 MAINE, 66044-1394		WERTZBERGER MD, JOHN, PO BOX	127, 66044-0127
842-6644 1902771049		843-9125 1902630909	,
52 M 1902 78	GS	36 M 1902	64 ORS
JZ WI 130Z 76	do	30 W 1302	04 ONO
O'NEAL MD LYNN W 1110 W CTU #000 CC044 0040			
O'NEAL MD, LYNN W, 1112 W 6TH #202, 66044-2249			
841-2280 1902771111	0011		
51 M 1902 86	OPH		OPTH ALA
		LEAVENW	ORTH — 913
ORCHARD MD, RICHARD A, 1112 W 6TH STE 202, 66	6044-2249	// conserve with Oce	unter Mandiani Cantatal
841-2280 2802680549		(Leavenworth Col	ınty Medical Society)
41 M 2802 74	OPH	· ·	
		ASHKAR MD, ADNAN A, 920 6TH AVE	66048-3229
OSBERN MD, LIDA, 404 MAINE, 66044-1397		682-6818 52801730035	
842-3635 1902771120		42 M 52801	80 OBG
52 F 1902 77	IM		
0L 1 100L 11	1101	DALENBERG MD, DALE D, 430 DELAV	VARE 66048
PHIPPS MD, CARLA B, 500 ROCKLEDGE RD, 66049-2	2561	682-5955	
841-6540 1902851417	2301	60 M 0301	89 ORS
041-0540 1902051417	FP	00 101 0301	09 ONO
FF F 1000			
55 F 1902 0	rr	DIALLO ME CACTOMI 440 DELAMA	OF OTF F 000 10 0000
		DIALLO MD, GASTON I, 113 DELAWAR	RE STE E, 66048-2800
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044		682-9030 86905630182	
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817	-2249		RE STE E, 66048-2800 75 GE
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044		682-9030 86905630182 35 M 86905	75 GE
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817	-2249	682-9030 86905630182	75 GE
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69	-2249 GS	682-9030 86905630182 35 M 86905	75 GE
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66	-2249 GS	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471	75 GE 6048-4245
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711	-2249 GS 5049-2710	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60	75 GE
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66	-2249 GS	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201	75 GE 6048-4245 0 OO
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711 33 M 1902 60	-2249 GS 6049-2710 PATH	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH	75 GE 6048-4245 0 OO
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711 33 M 1902 60 REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-45	-2249 GS 6049-2710 PATH	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH 727-3111 1902790663	75 GE 8048-4245 0 OO ST TRFY, 66048-0000
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711 33 M 1902 60 REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-48 0 1902470499	-2249 GS 6049-2710 PATH	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH	75 GE 6048-4245 0 OO
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711 33 M 1902 60 REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-45	-2249 GS 6049-2710 PATH	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH 727-3111 1902790663 43 M 1902	75 GE 6048-4245 0 OO ST TRFY, 66048-0000 83 FP
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PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711 33 M 1902 60 REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-45 0 1902470499 23 M 1902 47	-2249 GS 5049-2710 PATH 555	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH 727-3111 1902790663 43 M 1902 GRISOLIA MD, ANDRES, 210 ELM, 660	75 GE 6048-4245 0 OO ST TRFY, 66048-0000 83 FP
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PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711 33 M 1902 60 REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-45 0 1902470499 23 M 1902 47 REESE MD, JOHN L, 2417 PRINCETON BLVD, 66049-0 1902610657	-2249 GS 5049-2710 PATH 555 OO 1625	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH 727-3111 1902790663 43 M 1902 GRISOLIA MD, ANDRES, 210 ELM, 660 0 84708500011	75 GE 3048-4245 0 OO ST TRFY, 66048-0000 83 FP 348-3519 63 OO
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PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711 33 M 1902 60 REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-45 0 1902470499 23 M 1902 47 REESE MD, JOHN L, 2417 PRINCETON BLVD, 66049-0 1902610657 35 M 1902 62 ROSS MD, JACK L, 211 E 8TH ST STE A1, 66044-000 865-2897 4812560781	GS 5049-2710 PATH 555 OO 1625 OO	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH 727-3111 1902790663 43 M 1902 GRISOLIA MD, ANDRES, 210 ELM, 660 0 84708500011 27 M 84708 HALLER MD, CHRIS C, 3601 S 4TH, 66 651-0003 1902800448 55 M 1902	75 GE 6048-4245 0 OO ST TRFY, 66048-0000 83 FP 048-3519 63 OO 6048-0000 81 GS
PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66749-6169 1902590711 33 M 1902 60 REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-45 0 1902470499 23 M 1902 47 REESE MD, JOHN L, 2417 PRINCETON BLVD, 66049-0 1902610657 35 M 1902 62 ROSS MD, JACK L, 211 E 8TH ST STE A1, 66044-000 865-2897 4812560781 32 M 4812 63	GS 5049-2710 PATH 555 OO 1625 OO	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH 727-3111 1902790663 43 M 1902 GRISOLIA MD, ANDRES, 210 ELM, 660 0 84708500011 27 M 84708 HALLER MD, CHRIS C, 3601 S 4TH, 60 651-0003 1902800448 55 M 1902 HAMMEKE MD, JOHN C, 1801 FORES	75 GE 6048-4245 0 OO ST TRFY, 66048-0000 83 FP 048-3519 63 OO 6048-0000 81 GS
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PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711 33 M 1902 60 REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-45 0 1902470499 23 M 1902 47 REESE MD, JOHN L, 2417 PRINCETON BLVD, 66049-0 1902610657 35 M 1902 62 ROSS MD, JACK L, 211 E 8TH ST STE A1, 66044-000 865-2897 4812560781 32 M 4812 63 RUNDQUIST MD, BETH, 346 MAINE, 66044-1394 842-4477 1902851549	GS 5049-2710 PATH 555 OO 1625 OO P	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH 727-3111 1902790663 43 M 1902 GRISOLIA MD, ANDRES, 210 ELM, 660 0 84708500011 27 M 84708 HALLER MD, CHRIS C, 3601 S 4TH, 60 651-0003 1902800448 55 M 1902 HAMMEKE MD, JOHN C, 1801 FORES	75 GE 6048-4245 0 OO ST TRFY, 66048-0000 83 FP 048-3519 63 OO 6048-0000 81 GS
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PRAEGER MD, MARK A, 1112 W 6TH STE 204, 66044 843-2010 1902680817 42 M 1902 69 PRICE JR MD, LAURANCE W, 2404 ORCHARD LN, 66 749-6169 1902590711 33 M 1902 60 REED MD, JAMES S, 1901 UNIVERSITY DR, 66044-45 0 1902470499 23 M 1902 47 REESE MD, JOHN L, 2417 PRINCETON BLVD, 66049-0 0 1902610657 35 M 1902 62 ROSS MD, JACK L, 211 E 8TH ST STE A1, 66044-000 865-2897 4812560781 32 M 4812 63 RUNDQUIST MD, BETH, 346 MAINE, 66044-1394 842-4477 1902851549 58 F 1902 0	GS 5049-2710 PATH 555 OO 1625 OO P	682-9030 86905630182 35 M 86905 DUYSAK MD, SAMI, 1126 VILAS ST, 60 0 90201470471 22 M 90201 FLANNER MD, FRANK R, 4512 S 4TH 727-3111 1902790663 43 M 1902 GRISOLIA MD, ANDRES, 210 ELM, 660 0 84708500011 27 M 84708 HALLER MD, CHRIS C, 3601 S 4TH, 60 651-0003 1902800448 55 M 1902 HAMMEKE MD, JOHN C, 1801 FORES 0 401610308 27 M 401	75 GE 6048-4245 0 OO ST TRFY, 66048-0000 83 FP 048-3519 63 OO 6048-0000 81 GS T LN, 66048-6603 66 OO
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682-1466 1902660671 41 M 1902 68 TS	624-6111 3901850436 58 F 3901 0 PD
MENDIOLA MD, AMBRIOSIO P, RT 4 BOX 224A, 66048-9428	KEATS MD, GRAHAM D, 2202 ROSE LN, 67901-2032
792-2511 74810671428 39 M 74810 82 EM	0 0 48 M 6501 0 FP
MENGEL MD, CHARLES E, 3221 MEADOW RD, 66048-4764	KOONS MD, JESS W, PO BOX 2886, 67905-2886
682-2000 2307570362 31 M 2307 88 IM	624-3841 1902570469 27 M 1902 57 OPH
MERRITT MD, W HENRY, 1808 WESTWOOD DR, 66048-6626	MOFFAT MD, JOHN D, PO BOX 6007, 67905-0000
0 702390265 14 M 702 58 OO	624-4946 0 53 M 6506 93 GPVS
MILLS MD, VERNON A, 4514 S 4TH ST TRFY, 66048-0000	PALTOO MD, RAYMOND M, PO BOX 6005, 67901-6005
727-6046 1902770981 51 M 1902 80 PD	626-7200 0 45 M 0 92 U
PEARSON MD, MARK A, 920 6TH AVE, 66048-0000	PATRON MD, RICARDO A, PO BOX 2529, 67905-2529
682-8444 1902871345 55 M 1902 92 IM	624-3811 74808570207 31 M 74808 83 OBG
RABE MD, MELVIN A, 600 S BROADWAY, 66048-2528	PETERSON MD, HUBERT C, PO BOX 1340, 67905-1340
0 1902370478 14 M 1902 37 OO	624-1651 401680624 43 M 401 0 PATH
REIFSCHNEIDER D O, JOHN S, 920 6TH AVE, 66048-0000	WEI MD, MICHAEL H C, 1410 N WESTERN, 67901-0000
682-2900 2878810689 54 M 2878 92 OPH	624-0153 0 51 M 6506 0 IM
SILVA MD, CATHERINE, 4224 LAKEVIEW DR, 66048-4930	ZAINALI MD, ASSADOLLAH, PO BOX 1891, 67905-1891
684-6350 1902800961 54 F 1902 90 FP	624-1651 51701720249 46 M 51701 79 R
STEVENS MD, LEAH J, 920 6TH AVE, 66048-3229	
682-2424 1902810214 55 F 1902 0 FP	LINDODODO
STRUTZ MD, WILLIAM C, 1918 WESTWOOD DR, 66048-6628	LINDSBORG — 913
682-8868 5606431246 8 M 5606 59 R	(McPherson County Medical Society)
VOORHEES MD, CARROLL D, 2510 GIRARD, 66048-4305	CARLSSON MD, E R, PO BOX 109, 67456-0109 0 1902440271
0 1902520739 25 M 1902 52 OO	0 M 1902 0 00
0 1902520739	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091
0 1902520739 25 M 1902 52 OO	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP
0 1902520739 25 M 1902 52 00 LEBO — 316	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310
0 1902520739 25 M 1902 52 00 LEBO — 316 (Flint Hills Medical Society)	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP
0 1902520739 25 M 1902 52 OO LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375
0 1902520739 25 M 1902 52 OO LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116
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0 1902520739 25 M 1902 52 OO LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 86 FP	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO
Description of the control of the co	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147
LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 86 FP LEOTI — 316 (Central Kansas Medical Society)	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society)
Description of the control of the co	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711
LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 86 FP LEOTI — 316 (Central Kansas Medical Society) SUWANABHAND MD, CHALAW, RR 2 BOX 38, 67861-0000 375-2222 32 M 89101 74 FP	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711 16 M 1902 50 FP
Description of the control of the co	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711
LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 86 FP LEOTI — 316 (Central Kansas Medical Society) SUWANABHAND MD, CHALAW, RR 2 BOX 38, 67861-0000 375-2222 0 32 M 89101 74 FP LIBERAL — 316 (Seward County Medical Society) ALLEN MD, RAY E, 2 PLAZA DR, 67901-2743	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711 16 M 1902 50 FP LYONS — 316 (Rice County Medical Society) GRIMES MD, JAMES T, 215 S ST JOHN, 67554-2638
LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 86 FP LEOTI — 316 (Central Kansas Medical Society) SUWANABHAND MD, CHALAW, RR 2 BOX 38, 67861-0000 375-2222 32 M 89101 74 FP LIBERAL — 316 (Seward County Medical Society)	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711 16 M 1902 50 FP LYONS — 316 (Rice County Medical Society)
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LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 LEOTI — 316 (Central Kansas Medical Society) SUWANABHAND MD, CHALAW, RR 2 BOX 38, 67861-0000 375-2222 0 32 M 89101 74 FP LIBERAL — 316 (Seward County Medical Society) ALLEN MD, RAY E, 2 PLAZA DR, 67901-2743 624-5691 1902630020 37 M 1902 64 IM	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711 16 M 1902 50 FP LYONS — 316 (Rice County Medical Society) GRIMES MD, JAMES T, 215 S ST JOHN, 67554-2638 0 1902530319 27 M 1902 53 OO
LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 86 FP LEOTI — 316 (Central Kansas Medical Society) SUWANABHAND MD, CHALAW, RR 2 BOX 38, 67861-0000 375-2222 32 M 89101 74 FP LIBERAL — 316 (Seward County Medical Society) ALLEN MD, RAY E, 2 PLAZA DR, 67901-2743 624-5691 1902630020 37 M 1902 64 IM CAEDO MD, CARMELITA D, 2401 LILAC DR, 67901-4907 624-1651 74801634196 41 F 74801 77 R ESTRADA MD, EDMUNDO C, 102 E 11TH, 67901-2723	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711 16 M 1902 50 FP LYONS — 316 (Rice County Medical Society) GRIMES MD, JAMES T, 215 S ST JOHN, 67554-2638 0 1902530319 27 M 1902 53 OO SIEMENS MD, RICHARD A, 1221 W NOBLE, 67554-3026 257-5124 1902590826 30 M 1902 60 FP STRINGFIELD MD, SCOTT L, 1221 W NOBLE, 67554-3026
LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 86 FP LEOTI — 316 (Central Kansas Medical Society) SUWANABHAND MD, CHALAW, RR 2 BOX 38, 67861-0000 375-2222 0 32 M 89101 74 FP LIBERAL — 316 (Seward County Medical Society) ALLEN MD, RAY E, 2 PLAZA DR, 67901-2743 624-5691 1902630020 37 M 1902 64 IM CAEDO MD, CARMELITA D, 2401 LILAC DR, 67901-4907 624-1651 74801634196 41 F 74801 77 R	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711 16 M 1902 50 FP LYONS — 316 (Rice County Medical Society) GRIMES MD, JAMES T, 215 S ST JOHN, 67554-2638 0 1902530319 27 M 1902 53 OO SIEMENS MD, RICHARD A, 1221 W NOBLE, 67554-3026 257-5124 1902590826 30 M 1902 60 FP
LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 86 FP LEOTI — 316 (Central Kansas Medical Society) SUWANABHAND MD, CHALAW, RR 2 BOX 38, 67861-0000 375-2222 32 M 89101 74 FP LIBERAL — 316 (Seward County Medical Society) ALLEN MD, RAY E, 2 PLAZA DR, 67901-2743 624-5691 1902630020 37 M 1902 64 IM CAEDO MD, CARMELITA D, 2401 LILAC DR, 67901-4907 624-1651 74801634196 41 F 74801 77 R ESTRADA MD, EDMUNDO C, 102 E 11TH, 67901-2723 624-2565 74801671938	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711 16 M 1902 50 FP LYONS — 316 (Rice County Medical Society) GRIMES MD, JAMES T, 215 S ST JOHN, 67554-2638 0 1902530319 27 M 1902 53 OO SIEMENS MD, RICHARD A, 1221 W NOBLE, 67554-3026 257-5124 1902590826 30 M 1902 60 FP STRINGFIELD MD, SCOTT L, 1221 W NOBLE, 67554-3026 257-5124 1902841756
LEBO — 316 (Flint Hills Medical Society) HUTCHISON MD, JOE R, BOX 303, 66856-0303 256-6346 1902830916 55 M 1902 86 FP LEOTI — 316 (Central Kansas Medical Society) SUWANABHAND MD, CHALAW, RR 2 BOX 38, 67861-0000 375-2222 32 M 89101 74 FP LIBERAL — 316 (Seward County Medical Society) ALLEN MD, RAY E, 2 PLAZA DR, 67901-2743 624-5691 1902630020 37 M 1902 64 IM CAEDO MD, CARMELITA D, 2401 LILAC DR, 67901-4907 624-1651 74801634196 41 F 74801 77 R ESTRADA MD, EDMUNDO C, 102 E 11TH, 67901-2723 624-2565 74801671938 43 M 74801 80 GS	CLARK MD, DAVID H, 121 W LINCOLN, 67456-0000 227-3371 1902620091 36 M 1902 63 FP FREDRICKSON MD, DUANE E, 121 W LINCOLN, 67456-2318 227-3371 1902660310 39 M 1902 67 FP MURFITT MD, MALCOLM C, 125 W STATE, 67456-2116 0 801410375 13 M 801 46 OO LYNDON — 913 (Franklin County Medical Society) STOUT MD, NILES M, PO BOX 147, 66451-0147 828-4521 1902500711 16 M 1902 50 FP LYONS — 316 (Rice County Medical Society) GRIMES MD, JAMES T, 215 S ST JOHN, 67554-2638 0 1902530319 27 M 1902 53 OO SIEMENS MD, RICHARD A, 1221 W NOBLE, 67554-3026 257-5124 1902590826 30 M 1902 60 FP STRINGFIELD MD, SCOTT L, 1221 W NOBLE, 67554-3026 257-5124 1902841756 57 M 1902 88 FP

TOBIAS MD, ROGER R, 1221 W NOBLE, 67554-3026	HOSTETTER MD, PHILIP H, 2045 JAY CT, 66502-0000
257-5124 1902761400 51 M 1902 82 FP	0 0 17 M 1902 0 OO
	JONES MD, WILLIAM T, 2600 ANDERSON AVE, 66502-2802
	537-4200 1902752257 50 M 1902 85 ORS
MANHATTAN — 913	
(Riley County Medical Society)	JUBELT MD, HILBERT P, 2010 MEADOWLARK RD, 66502-4559 0 1611431313
BAKER MD, RICHARD B, 2600 ANDERSON AVE, 66502-2802	19 M 1611 49 OO
537-4200 4113680062 42 M 4113 76 ORS	KALDOR MD, RICHARD H, 1133 COLLEGE AVE, 66502-2700 539-5363 2401661339
	40 M 2401 73 PATH
BAMBARA MD, JOHN F, 1133 COLLEGE AVE, 66502-2700 539-5363 1902751561	KIRK MD, THOMAS E, 1133 COLLEGE AVE, 66502-2700
46 M 1902 88 PATH	776-3451 3005710463 44 M 3005 76 OPH
BARLOW MD, JOHN M, 1133 COLLEGE AVE, 66502-2700	KLINGLER JR MD, EUGENE A, 1133 COLLEGE AVE, 66502-2700
539-3504 1102710050 45 M 1102 81 OTO	539-5341 1902620466
BIBERSTEIN MD, GREG A, 1133 COLLEGE AVE, 66502-2700	35 M 1902 63 GS
537-9030 1902842248 56 M 1902 0 PD	KLOBASA MD, CHARLES L, 225 SOUTHWIND PL, 66502-3123 776-5858 2803750494
	49 M 2803 80 CHP
BOESE MD, KENNETH M, 1825 ALABAMA LN, 66502-2304 0 1902560145	KUMAR MD, NANDA, 1133 COLLEGE AVE, 66502-2700
25 M 1902 56 OO	537-9349 0 0 M 0 0 N
CATHEY MD, ROBERT H, 1133 COLLEGE AVE, 66502-2700 537-4990 1902680167	LOWE MD, STANLEY W, 1133 COLLEGE AVE, 66502-2700
537-4990 1902680167 42 M 1902 69 D	776-3451 1902590516 32 M 1902 63 OPH
COONROD MD, SCOTT A, 1133 COLLEGE AVE E110, 66502-0000	
537-2651 0 62 M 1902 93 IM	LYONS JR MD, FRANK C, 1133 COLLEGE AVE, 66502-2700 539-7641 3840700916
	44 M 3840 74 DR
CRANE MD, CHARLES H, 3819 EMERALD CIR, 66502-7514 0 3520460151	MARSHALL MD, RONALD L, 1133 COLLEGE AVE, 66502-2795 537-1414 3005670461
22 M 3520 62 OO	43 M 3005 0 OBG
DEVINE MD, JOHN P, 1133 COLLEGE AVE, 66502-2795 537-8710 1902832251	MCNEIL MD, ELBERT D, 2020 HUNTING AVE, 66502-3638
56 M 1902 0 U	0 702480337 22 M 702 49 OO
DOUBEK MD, DEBRA L, 2900 AMHERST AVE, 66502-3093	MEEK MD, PALMER F, 1133 COLLEGE AVE E110, 66502-2700
776-9761 1902860491 58 F 1902 87 FP	537-2651 1902710716
DURKEE MD, WILLIAM R, 440 OAKDALE DR, 66502-3736	
0 1902450234	MOSIER MD, MIKE, 2900 AMHERST AVE, 66502-3003 776-9761 1902771006
23 M 1902 45 OO	52 M 1902 0 FP
FISCHER MD, REX R, 1133 COLLEGE AVE, 66502-2700 776-1400 3005600251	MOSIER MD, STEVEN J, 2900 AMHERST AVE, 66502-3003
34 M 3005 68 OBG	776-9761 1902680701 49 M 1902 75 FP
FREEMAN MD, FRED A, 1133 COLLEGE AVE, 66502-2700	MOWRY MD, GERALD L, 1441 ANDERSON AVE, 66502-4030
537-8710 1902690383 42 M 1902 70 U	776-4200 1902530599 26 M 1902 53 OBG
GARDNER MD, JAMES D, 1133 COLLEGE AVE, 66502-2700	
537-4940 2834710318 43 M 2834 76 IM	O'DONNELL MD, HARRY E, 1926 LEXINGTON, 66502-7549 0 4113420761
	14 M 4113 42 OO
HANCOCK MD, DANIEL E, 1133 COLLEGE AVE PO BOX 128, 66502-0002 539-5363 2803710239	OLNEY MD, ROBERT D, 1133 COLLEGE AVE, 66502-2700 539-7555 3005510553
45 M 2803 78 PATH	27 M 3005 59 GS
HAUN MD, RUDY T, 1133 COLLEGE AVE BLDG D, 66502-2700	PAULS MD, DAVID G, 1133 COLLEGE AVE, 66502-2700
537-8611 1902780781 49 M 1902 82 OBG	539-5341 1902881201 62 M 1902 0
HEASTY MD, ROBERT G, 3120 HERITAGE LN #169, 66502-2259	PETERSON D O, PEGGY S, 1133 COLLEGE AVE BOX 128, 66502-2700
0 3519380411 11 M 3519 46 OO	539-5363 0
HENNING JR MD, HAROLD J, 1133 COLLEGE AVE, 66502-2700 537-1414 1902820732	PETERSON MD, JACK T, 6262 W 59TH AVE, 66502-9798 0 1902500525
55 M 1902 0 OBG	25 M 1902 50 OO
HINKIN MD, DOUGLAS P, 2900 AMHERST AVE, 66502-3003	PHILIPP MD, JOSEPH T, 1133 COLLEGE AVE BLDG D, 66502-2700
776-9761 1902780803 53 M 1902 84 FP	537-7373 1902710881 45 M 1902 72 OPH
HOLIDAY MD, ALLAN, 2600 ANDERSON AVE, 66502-0000	ROSE MD, GRAHAM C, 1133 COLLEGE AVE, 66502-2700
537-4200 1902862141 57 M 1902 0 ORS	537-9030 4706701031 46 M 4706 74 PD

SHEFFIELD MD, MICHAEL A, 1133 CO	LLEGE AVE. 66	5502-2700		
539-7641 1902821721 55 M 1902	86	DR		
SMITH MD, RACHEL S, 1133 COLLEGE AVE, 66502-2700				
537-9030 1902851590 58 F 1902	0	PD		
STONE MD, G REX, 360 WILDCAT CRI	EEK RD, 66502	-9765		
0 1902540926 29 M 1902	54	00		
TAYLOR MD, BARBARA D, 1133 COLL	EGE AVE, 6650	02-2700		
357-4940 1902751901 50 F 1902	79	IM		
TIEMANN MD, WILLIAM H, 1133 COLLE	EGE AVE, 6650	2-2700		
537-4940 3005670747 42 M 3005	73	FP		
VOLKMANN II MD, HARLEY W, 1133 COLLEGE AVE, 66502-2700				
539-7641 1902721173 47 M 1902	73	R		
WALL MD, KEVIN K, 2900 AMHERST AVE, 66502-3003				
776-9761 2101791362 53 M 2101	0	FP		
WETZEL MD, MARK, 1133 COLLEGE A 537-2651 1902861927	VE, 66502-270	0		
59 M 1902	0	IM		
WIGGLESWORTH MD, ANNE, 1133 CC 539-4738 1902753016	LLEGE AVE B	LDG A, 66502-2700		
40 F 1902	79	OBG		
WRIGHT MD, KEITH A, 2900 AMHERST AVE, 66502-3093 776-9761 0				
53 M 1902	91	FP		
ΜΔΝΚΔ	TO — 913			
(Republic County Medical Society)				
KIMBALL MD, RICHARD R, 102 S CEN	TER, 66956-22	02		
378-3511 1001720585				

45 1001 73 FP

MARION — 316 (McPherson County Medical Society)

HODSON MD, DON W, 537 S FREEBORN, 66861-1256 1902790914 M 382-3722

ARGO MD, DONALD, 808 N 19TH, 66508-1358

76

MARYSVILLE - 913 (Northeast Kansas Medical Society)

3 3005640058 M 562-2303 BROWN MD, RANDALL J, 1902 MAY ST, 66508-1200 562-3942 1902810125 55 M 1902 92 LAWS MD, LEWIS R, 808 N 19TH, 66508-1358 562-2303 1902540535 25 M 1902 RYAN MD, JOHN M, 1902 MAY ST, 66508-1200 562-3942 1902811164 47 M 1902 0 UGARTE MD, FERNANDO, 1902 MAY ST, 66508-1200 562-2517 1602650126 42 M 1602

MC PHERSON - 316 (McPherson County Medical Society)

	(.,	
BILLINGS M 241-5500	D, THOMA: 19026	S, 400 W 4TH, 67 660107	460-2306	
39	M	1902	67	FP
BRANDSTED MD, ERNEST C, 400 W 4TH, 67460-2306 241-1654 1606440185				
18	M	1606	47	OBG
), DAVID L, 19028	400 W 4TH, 6740	60-2306	
58	М	1902	0	FP
CABRERA N 241-4079		T, 915 N WALNU 1553021	T, 67460-2439	
30	M	74801	80	GS
CLAASSEN 241-7033		EL D, 400 W 4TH 780323	l, 67460-2306	
53	M	1902	79	IM
COLLIER MI		1 J, 400 W 4TH, 6 480097	7460-2306	
25	M	3605	59	GS
FERREE MI 241-7400		O A, 400 W 4TH, 760189	67460-2306	
51	M	3006	78	FP
	GALEN W	, 333 C -S LAKES	SIDE DR, 67460	0-0000
15	M	1902	49	00
	MD, J RICH	ARD, 400 W 4TH	, 67460-2306	
28	M	1902	55	00
PIERSON M 241-1445		000 HOSPITAL E	DR, 67460-2326	
17	M	1902	44	FP
	VAUGHAN 06290376	C, 1234 N WALN	IUT ST, 67460-	2425
5	M	4706	32	00
THOMAS M 241-7400		RY M, 400 W 4TH 731161	H, 67460-2306	
47	M	1902	79	FP
WATSON MD, RICHARD L, 823 N MAIN ST, 67460-0000 241-7788 1902851891				
241-7788 59	M	1902	0	FP

MCLOUTH - 913 (Shawnee County Medical Society)

PALAGANAS-TOSCO MD, AMANDA C, PO BOX 69, 66054-0069 796-6116 74801702132 45 F 74801 74801 86

MEADE - 316 (Iroquois County Medical Society)

FELDMEYER MD, SEELEY T, PO BOX 1030, 67864-1030 873-2112 74811800027 46 M 74811 81 G HILL MD, RICHARD H, BOX 709, 67864-0709 1902440697 18 1902 44 00

MEDICINE LODGE - 316 (Ninnescah Medical Society)

MEADOR D O, RICHARD W, 710 N WALNUT, 67104-1019 886-5949 0 0 M

STUCKY MD, DEAN E, 901 N WALNUT, 67104-1052 NEODESHA — 316 1902600848 886-5653 (Southeast Kansas Medical Society) BARRETT MD, BRADLEY H, PO BOX 315, 66757-0315 325-3055 1902830177 57 M 1902 MINNEAPOLIS - 913 CHRONISTER MD, BERT, PO BOX 118 806 MAIN, 66757-0118 325-2622 1902640122 38 M 1902 65 FP (Saline County Medical Society) BARKER MD, STEVEN E, PO BOX 269, 67467-0269 1902760098 M MOORHEAD JR MD. F ALLEN, 709 MAIN BOX 180, 66757-1634 392-2144 325-2200 1902650624 39 M 1902 FP WEDEL MD, KENNETH D, PO BOX 269, 67467-0269 4 1902600937 M FP NESS CITY — 913 WEDEL MD, KERMIT G, PO BOX 269, 67467-0269 1902600945 M (Central Kansas Medical Society) 392-2144 EP IMSEIS MD. MIKHAIL Y. 722 E LOCUST, 67560-1726 91502750068 798-2203 33004 MINNEOLA - 316 NEWTON — 316 (Iroquois County Medical Society) (Harvey County Medical Society) STEPHENS D O, G MARCUS, PO BOX 97, 67865-0097 885-4202 2878840189 ALLEN MD, FRANÇES A, 1112 BOYD, 67114-1573 2878 FP 1902430012 1902 15 STEPHENS MD, CHARLES, BOX 97, 67865-0097 BATES MD, MICHAEL N, 215 S PINE ST STE 302, 67114-3763 2803580319 885-4202 283-4153 1902751587 50 M 1902 M FP 2803 77 BECK MD, WILLIAM R, 203 E BROADWAY ST, 67114-2223 283-2800 1902830223 55 M 1902 87 MONTEZUMA — 316 BOGNER MD, PAUL F, 203 E BROADWAY ST, 67114-2223 (Ford County Medical Society) 283-2800 1902770158 52 M 1902 80 SCHOWENGERDT MD, ANDREW W, PO BOX 384, 67867-0384 846-2251 1902881472 BROOKS D O, CYNTHIA J, 203 E BROADWAY, 67114-0000 M 283-2800 3979890311 62 F 3979 93 1902 BROOKS MD, RICHARD J, 203 E BROADWAY, 67114-2223 283-2800 2846890125 64 M 2846 MOUNDRIDGE - 316 (Harvey County Medical Society) CARPER MD, OWEN E, 5 SYCAMORE CT, 67114-6311 283-8522 1902640106 37 M 1902 KAUFMAN MD, WILLARD E, PO BOX 957, 67107-0957 1902530459 0 CLAASSEN MD, MILTON A, 201 S PINE ST, 67114-3745 1902 53 00 28 M 283-3600 1902580189 32 M 1902 LOGANBILL MD, VARDEN J, PO BOX 640, 67107-0640 CRAIG MD, CHARLES C, 203 E BROADWAY ST, 67114-2223 345-6322 1902540560 283-2800 1902710252 45 M 1902 M 1902 ENNS MD, EUGENE K, 6 INDIAN LN, 67114-4342 1902400199 1902 15 00 MULVANE - 316 M 40 FENT II MD, LEE S, 201 S PINE ST, 67114-3745 (Sedgwick County Medical Society) 283-3600 1902700354 44 M 1902 PD CARRO MD, ANTONIO L, 410 E MAIN ST, 67110-1732 1902850305 777-0101 FENT MD, LEE S, 701 E 5TH ST, 67114-3011 FP 82834430617 M 2834 COBB MD, LESLIE H, RR 1 BOX 196, 67110-9754 FRUECHTING MD, LYNNE A, 201 S PINE ST, 67114-3745 0 4804470129 283-3600 1902850933 59 F 1902 4804 00 HUFFORD MD, DAVID W, 410 E MAIN ST, 67110-1732 GLOVER II MD, RICHARD M, 203 E BROADWAY ST, 67114-3703 283-2800 1902872147 56 M 1902 1902 MCKERRACHER MD, ROBERT D, 10 LAKE DR, 67110-1011 GLOVER MD, RICHARD M, 203 E BROADWAY ST, 67114-2223 1902530297 M

0 3901550742

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COFFINAL NO DANDALL V 200 F PROADWAY 27444 2000	MUSELED ND DWIGHT E 204 C DINE OT 27444 2745
GOERING MD, RANDALL V, 203 E BROADWAY, 67114-2223 283-2800 1902840644	WHEELER MD, DWIGHT E, 201 S PINE ST, 67114-3745 283-3600 2012760941
58 M 1902 85 FP	50 M 2012 79 IM
GRISWOLD MD, DALE G, 1500 TERRACE DR, 67114-6316 0 1902530327	WIENS MD, J WENDELL, 201 S PINE ST, 67114-3745 283-3600 1902590982
27 M 1902 53 OO	32 M 1902 60 GS
HAMM MD, ORVAL L, 1004 LORNA LN, 67114-3745 0 1902490261 23 M 1902 49 OO	WIENS MD, TIMOTHY B, 201 S PINE ST, 67114-0000 284-5006 1902851956
	55 M 1902 0 FP
HEINRICHS MD, DANIEL J, 1901 E 1ST ST, 67114-5010 283-2400 4002560289 29 M 4002 89 P	WILLIAMS MD, MICHAEL K, 203 E BROADWAY ST, 67114-2223 283-2800 1902871868
ISAAC MD, CHARLES A, 203 E BROADWAY ST, 67114-2223	60 M 1902 91 FP
283-2800 1902490341 25 M 1902 49 U	ZAYLOR D O, CHARLES L, 1901 E 1ST, 67114-5010 283-2400 2878820471
JANTZ MD, JONATHAN W, 201 S PINE ST, 67114-3745	52 M 2878 0 GS
283-3600 2802830613 55 M 2802 89 PD	
	NORTH NEWTON — 316
KLIEWER MD, VERNON L, PO BOX 467, 67114-0467 283-2400 1606570585	(Reno County Medical Society)
31 M 1606 58 PA	(neno county medical Society)
KUMAR MD, SURINDER, 201 S PINE ST, 67114-3745 283-3600 49512690016 46 M 1902 78 OBG	FRIESEN MD, ORLANDO J, PO BOX 97, 67117-0097 0 1902560391
	27 M 1902 56 OO
LINDHOLM MD, GERALD R, 203 E BROADWAY ST, 67114-2223 283-2800 1902760772 51 M 1902 78 FP	HARMS MD, EDWIN M, 3001 IVY DR #1125, 67117-8005 0 3901340179
	6 M 3901 36 OO
MOORE MD, JAMES E, 1901 E 1ST ST, 67114-5010 283-2400 1902740480	HARMS MD, WILMER A, 2904 IVY DR #8, 67117-8000 0 1902560480
48 M 1902 75 P	22 M 1902 56 OO
MURPHY MD, WILLIAM R, 1901 E 1ST ST, 67114-0000 283-2400 1902871248	
59 M 1902 0 P	
OLSON MD, ERWIN T, 3 INDIAN LN, 67114-4341 0 1902470448	NORTON — 913
0 1902470448 19 M 1902 47 OO	(Northwest Kansas Medical Society)
PATRON MD, RICARDO F, 201 S PINE ST, 67114-0000	COLIP MD, FLOYD M, 711 N NORTON, 67654-1449
283-4088 1902881197 61 M 1902 0 PD	877-3305 1902610177 25 M 1902 63 GP
PEREIRA MD, WILLY G, 201 S PINE ST, 67114-3745	COOPER MD, ARTHUR E, 307 W WILBERFORCE, 67654-1331
284-5150 73701670091	0 1611350330
39 M 73701 73 IM	8 M 1611 36 OO
PRENTISS MD, HAROLD, 1305 TERRACE DR, 67114-6313 283-9433 1720620975	HARTLEY MD, ROY W, 711 N NORTON, 67654-1449 877-3305 1902630305
36 M 1720 77 R	37 M 1902 64 GP
QAMAR MD, YUSUF, 203 E BROADWAY ST, 67114-2223 283-2800 70409610046	HARTMAN MD, ROGER L, 506 POOL DR, 67654-1518
38 M 70409 70 IM	0 1902610339 35 M 1902 65 OO
ROBERTS MD, AUDREY M, 201 S PINE ST, 67114-0000	MELLOR MD, MARJORIE J, 711 N NORTON, 67654-0000
284-5006 1902881341 62 F 1902 0 PD	877-3305 0
SCROGGIE MD, DANIEL J, PO BOX 308, 67114-0000	60 F 3005 0 FP
283-2700 0 59 M 1902 89 FP	
SILLS MD, CHARLES T, 1631 HILLCREST RD, 67114-1342	NORTONVII I E 013
0 1902370524	NORTONVILLE — 913 (Atchison County Medical Society)
0 1902370524 9 M 1902 37 OO	(Atchison County Medical Society)
9 M 1902 37 OO SIMMONS MD, ROBERT E, 215 S PINE ST, 67114-3761	
9 M 1902 37 OO	(Atchison County Medical Society) MADISON MD, WILLARD A, PO BOX 88, 66060-0088
9 M 1902 37 OO SIMMONS MD, ROBERT E, 215 S PINE ST, 67114-3761 283-5041 1902742014 49 M 1902 76 IM STEVENS MD, RONALD, 201 S PINE ST, 67114-3745	(Atchison County Medical Society) MADISON MD, WILLARD A, PO BOX 88, 66060-0088 0 1902510466
9 M 1902 37 OO SIMMONS MD, ROBERT E, 215 S PINE ST, 67114-3761 283-5041 1902742014 49 M 1902 76 IM	(Atchison County Medical Society) MADISON MD, WILLARD A, PO BOX 88, 66060-0088 0 1902510466 20 M 1902 51 OO
9 M 1902 37 OO SIMMONS MD, ROBERT E, 215 S PINE ST, 67114-3761 283-5041 1902742014 49 M 1902 76 IM STEVENS MD, RONALD, 201 S PINE ST, 67114-3745 283-3600 64914777249 49 M 64914 87 FP	(Atchison County Medical Society) MADISON MD, WILLARD A, PO BOX 88, 66060-0088 0 1902510466 20 M 1902 51 00 OAKLEY — 913
9 M 1902 37 OO SIMMONS MD, ROBERT E, 215 S PINE ST, 67114-3761 283-5041 1902742014 49 M 1902 76 IM STEVENS MD, RONALD, 201 S PINE ST, 67114-3745 283-3600 64914777249 49 M 64914 87 FP TANDOC JR MD, VALENTIN T, 201 S PINE ST, 67114-3745 283-3600 74811620061	(Atchison County Medical Society) MADISON MD, WILLARD A, PO BOX 88, 66060-0088 0 1902510466 20 M 1902 51 OO
9 M 1902 37 OO SIMMONS MD, ROBERT E, 215 S PINE ST, 67114-3761 283-5041 1902742014 49 M 1902 76 IM STEVENS MD, RONALD, 201 S PINE ST, 67114-3745 283-3600 64914777249 49 M 64914 87 FP TANDOC JR MD, VALENTIN T, 201 S PINE ST, 67114-3745 283-3600 74811620061 39 M 74809 74 U	(Atchison County Medical Society) MADISON MD, WILLARD A, PO BOX 88, 66060-0088 0 1902510466 20 M 1902 51 OO OAKLEY — 913 (Northwest Kansas Medical Society) OHMART MD, RICHARD V, PO BOX 756, 67748-0756
9 M 1902 37 OO SIMMONS MD, ROBERT E, 215 S PINE ST, 67114-3761 283-5041 1902742014 49 M 1902 76 IM STEVENS MD, RONALD, 201 S PINE ST, 67114-3745 283-3600 64914777249 49 M 64914 87 FP TANDOC JR MD, VALENTIN T, 201 S PINE ST, 67114-3745 283-3600 74811620061 39 M 74809 74 U VOGT MD, VERNON W, 323 E 2ND, 67114-3405 0 3005530864	(Atchison County Medical Society) MADISON MD, WILLARD A, PO BOX 88, 66060-0088 0 1902510466 20 M 1902 51 00 OAKLEY — 913 (Northwest Kansas Medical Society)
9 M 1902 37 OO SIMMONS MD, ROBERT E, 215 S PINE ST, 67114-3761 283-5041 1902742014 49 M 1902 76 IM STEVENS MD, RONALD, 201 S PINE ST, 67114-3745 283-3600 64914777249 49 M 64914 87 FP TANDOC JR MD, VALENTIN T, 201 S PINE ST, 67114-3745 283-3600 74811620061 39 M 74809 74 U VOGT MD, VERNON W, 323 E 2ND, 67114-3405	(Atchison County Medical Society) MADISON MD, WILLARD A, PO BOX 88, 66060-0088 0 1902510466 20 M 1902 51 OO OAKLEY — 913 (Northwest Kansas Medical Society) OHMART MD, RICHARD V, PO BOX 756, 67748-0756 672-3261 1902620636

OBERLIN — 913 (Northwest Kansas Medical Society)

475-2221 0 60 M 1902 89 FP LABASH MD, STEPHEN C, 902 W COLUMBIA PO BOX 110, 67749-0110 475-2221 1002690582 42 M 1002 89 GS

KIRK MD, MICHAEL N, 902 W COLUMBIA, 67749-0000

OLATHE — 913 (Johnson County Medical Society)

(Johnson County Medical Society) ANDERSON MD, CRAIG A, 20375 W 151ST ST STE 101, 66061-5353 782-8577 1902850020 58 M 1902 BALANOFF MD, ARNOLD Z, 20375 W 151ST ST STE 104, 66061-0000 1803670061 M 782-2525 72 BAVISHI MD, SAROJ A, 20375 W 151ST #407, 66061-7209 829-9100 49519710063 46 F 49583 BROOKS MD, CHARLES L, 20375 W 151ST ST STE 170, 66061-5353 829-2829 1902790272 54 M 1902 85 CARABETTA MD, VITO J, 20375 W 151ST ST #354, 66061-0000 829-2525 0 58 M 90 506 CONNETT MD, BRADLEY D, 20373 W 151ST ST #201, 66061-0000 2002 93 DELPHIA MD, ROBERT E, 636 EDGEMERE DR, 66061-0000 1902560293 0 1902 M 56 DYCK MD, ERIC L, 407 S CLAIRBORNE, #103, 66062 780-0700 1902770433 52 M 1902 80 EPP MD, GALEN W, 20375 W 151ST ST STE 301, 66061-7207 782-8300 1902810958 55 M 1902 FEEHAN MD, JOHN M, 1803 S RIDGEVIEW RD #1, 66062-2288 782-3322 1902840571 57 M 1902 87 FOWLER MD, DENNIS L, 20375 W 151ST ST STE 101, 66061-5353 782-8577 1902731357 48 M 1902 0 GAUGHAN MD, REBECCA N, 13025 S MUR-LEN #200, 66062-1230 764-2737 3006820343 55 F 3006 87 HALVORSON MD, HOWARD C, 20375 W 151ST ST STE 201, 66061-5360 782-2020 5404660260 41 M 5404 HOLMAN MD, JON B, 1125 W SPRUCE, 66061-3123 831-2550 1902630364 33 M 1902 64 HUDSON MD, ROBERT P, 12925 FRONTIER RD, 66061-9676 588-7040 1902520313 26 M 1902 52 HULTGREN MD, MYRON K, 801 N MURLEN STE 145, 66062-0000 780-0030 1902681163 41 M 1902 1902 69 JENSEN MD, THOMAS M, 20375 W 151ST ST STE 106, 66061-5353 782-1148 3005730464 47 M 3005 75 KENNEDY MD, FREDERICK R, 20375 W 151ST ST STE 101, 66061-5353 782-8577 1902680493 42 M 1902 0

KLEINSASSER MD, WARREN L, 14901 W 117TH ST, 66062-9307 764-5555 2604620697 37 M 2604 88 LAIRD MD, DALE D, 20333 W 151ST ST STE 100, 66061-5351 782-3631 1902680540 42 M 1902 MACFARLANE MD, DOUGLAS B, 20375 W 151ST ST STE 200, 66061-5360 782-3073 1902800715 54 M 1902 81 MARINE MD. CLIFFORD S. 20375 W 151ST ST STE 250, 66061-5360 764-6262 1902841195 57 M 1902 MATTHEW MD, WILLIAM L, 1803 S RIDGEVIEW RD #1, 66062-2288 782-3322 1902560706 29 M 1902 MCCANN MD, WILLIAM E, 1006 LENNOX DR, 66062-2133 0 3901480337 22 M 3901 53 MENDLICK MD, R MICHAEL, 20375 W 151ST ST STE 106, 66061-5353 782-1148 1902700788 44 M 1902 METZ MD, BRIAN A, 13025 S MUR-LEN #200, 66062-0000 764-3739 1902891222 61 M 1902 93 MORGAN II MD, DAVID L, 20375 W 151ST ST STE 301, 66061-7207 782-8300 2846750161 49 M 2820 75 IM NOTTINGHAM MD, ROBERT M, PO BOX 4000-13045 S MUR-LEN RD, 66062-0000 782-1610 1902781401 49 M 1902 0 RHOADS MD, ANNE C, 20375 W 151ST ST STE 350, 66061-7207 764-6996 1902831521 57 F 1902 ROMONDO MD, STEVEN A, 20375 W 151ST ST STE 406, 66061-7209 782-2292 1902730989 47 M 1902 75 RUHLEN MD, JAMES L, 20375 W 151ST ST STE 301, 66061-7207 782-8300 1902720959 46 M 1902 RUHLEN MD, THOMAS F, 20333 W 151ST ST, 66061-5350 791-4362 1902761141 51 M 1902 0 SCHAPER MD, DANIEL C, 20375 W 151ST STE 106, 66061-5353 782-1148 1902810681 54 M 1902 87 SCHERMOLY MD, MARTIN V, 20375 W 151ST ST #301, 66061-5353 782-8300 1902841578 58 M 1902 0 SHEFFER MD, KEITH D, 20375 W 151ST STE 106, 66061-5353 782-1148 1720671651 37 M 1720 SNIDER MD, BRUCE B, 20375 W 151ST ST STE 250, 66061-5360 764-6262 1902861633 59 M 1902 SNYDER MD, RICHARD H, 20375 W 151ST ST STE 406, 66061-7209 782-2292 1902731080 45 M 1902 75 STANDLEE MD, TIM E, 20375 W 151ST ST STE 406, 66061-7209 782-2292 1902821801 56 M 1902 85 WARNER MD, RICHARD B, 20375 W 151ST ST STE 206, 66061-5360 782-2593 1902721203 45 M 1902 85 WETZEL MD, JAMES L, 20375 W 151ST ST STE 301, 66061-7207 782-8300 1803811551 52 M 1803 0 WOODS MD, S DWIGHT, 20375 W 151ST ST STE 350, 66061-7207 764-6996 1902551219 30 M 1902 55

ZEILER MD, STEVEN B, 20375 W 151ST ST STE 301, 66061-5353 782-8300 1103820851	SPEER MD, LOUIS N, PO BOX D, 66067-0220 242-1257 1606411177
57 M 1103 83 IM	14 M 1606 41 FP
ZIMMERMAN MD, BRUCE E, 20375 W 151ST ST STE 203, 66061-5360	SPRATT MD, DENNIS P, 1418 S MAIN ST #S-5, 66067-3543
782-3377 4812781729 49 M 4812 79 OTO	242-1620 1902841705 0 M 1902 0 FP
ONAGA — 913 (Pottawatomie County Medical Society)	OVERBROOK — 913 (Flint Hills Medical Society)
ENGELKEN MD, SUSAN F, PO BOX 460, 66521-0460 889-4271 3401790127	RUBLE JR MD, JAMES L, PO BOX 305, 66524-0305 0 1902530785
49 F 3401 84 GP	26 M 1902 53 OO
TARVIN MD, RANDY J, PO BOX 120, 66521-0120 889-4241 1902862010 59 M 1902 89 FP	
WALSH MD, THOMAS E, PO BOX 120, 66521-0120 889-4241 1902741212	PAOLA — 913 (Miami County Medical Society)
48 M 1902 75 FP	ANDERSON MD, DOUGLAS S, 1313 BAPTISTE DR. 66071-1377
	294-2000 0 57 M 1902 0 FP
00405 0151/ 040	BANKS MD, ROBERT E, PO BOX 298, 66071-0298
OSAGE CITY — 913	294-2305 1902550085
(Flint Hills Medical Society)	29 M 1902 55 FP
ADAMS MD, DWIGHT L, PO BOX 265, 66523-0265 528-3161 1902560013	HOLSCHER MD, MARK R, 1313 BAPTISTE DR, 66071-1377 294-2000 1902850798
31 M 1902 56 GP	55 M 1902 0 FP
	JACKSON MD, THOMAS M, PO BOX 412, 66071-0412 294-4082 1902840946 56 M 1902 91 GS
OSAWATOMIE — 913	OMMEN MD, SHARI L, 1313 BAPTISTE DR, 66071-1377
(Miami County Medical Society)	294-2000 0 54 F 2803 91 FP
APPENFELLER MD, WILLIAM O, 524 BROWN AVE, 66064-1322	
755-3166 1902530033 25 M 1902 53 FP	ROWLETT MD, JACK G, PO DRAWER A, 66071-0701 294-2356 1902520551
	21 M 1902 52 FP
	STANLEY MD, REX C, PO DRAWER A, 66071-0701 294-2056 1902520631
OTTAWA — 913 (Franklin County Medical Society)	24 M 1902 52 GS
DUNDEE MD, JOHN T, PO BOX H, 66067-0340	PARSONS — 316
242-4885 91801630028 39 M 53901 0 DR	(Labette County Medical Society)
EDALATI MD, DAVID, 1320 S ASH STE 203, 66067-0000 242-2424 0	AVES MD, AGNES, 1509 MAIN ST, 67357-3332
62 M 0 0 IM	421-0600 74801592353 38 F 74801 72 IM
GOLLIER II MD, ROBERT A, 1418 S MAIN ST #S-5, 66067-3543 242-1620 1902660344 40 M 1902 67 FP	AVES MD, RENATO B, 1509 MAIN ST, 67357-3332 421-0600 74801592264 35 M 74801 72 GS
HADLEY MD, DELMONT C, 1320 S ASH, 66067-3413 242-3891 1902640335	CHOI MD, PHILIP S, 2601 GABRIEL AVE, 67357-2341 421-6550 58302490170
35 M 1902 65 FP HENNING MD, CALVIN W, PO BOX 2, 66067-0002	26 M 58302 81 GP CORNELL MD, EARL G, 1509 MAIN ST, 67357-3332
0 1902350167 5 M 1902 35 OO	421-0600 1902790434 54 M 1902 83 FP
RANSOM MD, WILLARD B, 1418 S MAIN ST #S-5, 66067-3543 242-1620 1902782300 49 M 1902 79 FP	DAIZ MD, ANTONIO S, PO BOX 935, 67357-0935 421-4880 74810630918 37 M 74810 80 DR
REYES JR MD, FRANCISCO A, 1320 S ASH, 66067-3413 242-5312 74801610734 38 M 74801 74 GS	DILLON MD, WILLIAM L, LABETTE CO MED CL BOX H, 67357-00(421-0881 1902710295 45 M 1902 73 ORS
REYNOSO MD, LANCE A, 1418 S MAIN ST #S-5, 66067-3543	
242-1620 1902861404	ELLIS D O, SCOTT A, 400 KATY, 67357-0000 421-2700 0
61 M 1902 0 FP	63 M 2879 94 GP
SETO MD, TAKESHI, 1320 S ASH STE 203, 66067-0000 242-2424 0 0 M 0 0 PUD	KISHORE MD, SHEELA, 2907 JOHNSTON RD, 67357-4631 421-2741 49511660041 43 F 49511 74 AN

421-6210 89102630484	PITTSBURG — 316
40 M 89102 76 GS	(Crawford-Cherokee County Medical Society)
MENON MD, REMA, 2601 GABRIEL AVE, 67357-2399	ARMSTRONG MD. HAROLD J. 207-208 PROFESSIONAL BUILDING. 66762-0000
421-6550 49531730126	232-2600 1902680035
47 M 49531 78 GP	40 M 1902 69 ORS
MILLER MD, DEAN M, 203 CRESTVIEW DR, 67357-3511	BENA MD, JAMES, 405 WEBSTER, 66762-5542
0 1902480311	0 3005360055
22 M 1902 48 OO	12 M 3005 38 OO
MILLER MD, STEPHEN F, 1509 MAIN ST, 67357-3332	BERKEY MD, VERNON A, NATL BANK BLDG, 66762-0000
421-0600 1902700800 45 M 1902 72 GS	231-7650 1902430080 18 M 1902 43 R
MOSIER MD, KEVIN M, BOX H STE ONE, 67357-0000 421-0881 1902831343	CARLSON MD, MARK D, 909 CENTENNIAL, 66762-6600 231-1650 1902870314
57 M 1902 88 ORS	61 M 1902 89 IM
PAI MD, RADHA V, PO BOX 1057, 67357-1057	COOMER MD, TYLER E, 801 ELMWOOD LN, 66762-5524
421-0080 49553700077	0 2101590189
45 F 6701 78 AN	30 M 2101 65 OO
PAI MD, VARADARAJ S, PO BOX 1057, 67357-1057	GOBAR MD, IBRAHIM A, CENTENNIAL & ROUSE, 66762-0000
421-0080 49521650205 42 M 6701 78 U	232-0348 11801670077 40 M 11801 0 HEM
42 W 6/01 /6 0	GOMETZ MD, MODESTO S, PO BOX 1746, 66762-1746
PARANJOTHI MD, SUBRAMONIAM P, 1509 MAIN ST, 67357-3332	231-2490 72601660025
421-0600 49531650131 39 M 49531 74 IM	35 M 72601 71 PD
	GRIMALDI MD, GARY A, PITTSBURG ST U STU HLTH CNTR, 66762-5880
PAULS MD, DANIEL N, PO BOX 1014, 67357-1014 421-1431 1902710856	235-4452 1902741964 49 M 1902 76 OBG
45 M 1902 72 IM	49 M 1902 76 OBG
ROTHSTEIN MD, TERRY B, 220 N 32ND ST, 67357-2226	HOLSINGER MD, DONALD M, 1015 MT CARMEL PL, 66762-6604 231-5900 1902640394
421-5900 1606691072	38 M 1902 65 IM
43 M 1606 76 OPH	HUEBNER MD, ROBERT STEPHAN, 1015 E MT CARMEL PL, 66762-6604
SATYA-MURTI MD, SATYA, PO BOX 377, 67357-0377	231-6160 1606670474
421-8884 49516650078 44 M 49516 0 N	42 M 1606 78 GPVS
	HUERTER MD, DAVID F, 909 CENTENNIAL, 66762-6600
SHARMA MD, ARUN L, 1509 MAIN ST, 67357-3332 421-0600 49607690056	231-1650 1902720614 46 M 1902 75 IM
46 F 49503 77 FP	
TANA HOMBI FI MAND LIDAIWANI DO DOV 256 67257 0256	KOEHN MD, DANIEL J, #3 MED CENTER CIR, 66762-0000 235-1043 1902880948
TANA HOMPLEUM MD, URAIWAN, PO BOX 256, 67357-0256 421-2460 89101750052	61 M 1902 91 FP
51 M 89101 0 PD	LANCE MD, RAYMOND W, 604 SYCAMORE LN, 66762-5539
TANG MD, CHANTRA, PO BOX 1054, 67357-1054	0 1902470359
421-2460 89102710321	22 M 1902 47 OO
47 F 89104 82 PD	LEFFLER MD, PAUL B, 309 WINWOOD, 66762-5647
TANG MD, SAROHD, PO BOX 1054, 67357-1054	0 1902400318 2 M 1902 40 OO
421-2460 89102690550 43 M 89102 76 OBG	
	MCDANIEL MD, R JAMES, PO BOX 1746, 66762-1746 231-2490 1902821178
VERMA MD, ASHA, 400 KATY, 67357-2400 421-2700 49530630136	50 M 1902 85 PD
37 F 49530 76 PD	MILLER MD, EARL E, 1803 S COLLEGE TER, 66762-0000
WELCH MD, JAMES R, 400 KATY AVE, 67357-2400	0 1902370427
421-2424 0	13 M 1902 37 OO
52 M 3901 0 PATH	ODGERS MD, RODNEY K, 909 CENTENNIAL, 66762-6600
	231-4300 1902741697 49 M 1902 75 IM
	DADD ID AND C DEAM ONE MILL DD 66762 6675
PERRY — 913	PAPP JR MD, S DEAN, 906 MILL RD, 66762-6675 231-7650 1902720908
(Shawnee County Medical Society)	46 M 1902 80 DR
	PARSI MD, MANUTCHEHR, 909 CENTENNIAL, 66762-6600
BICKELHAUPT MD, ETHAN E, 2 PLAZA DR, 66073-0000 597-5941 5404780061	231-3770 51701640393 38 M 51701 74 GYN
52 M 5404 94 P	30 101 31701 74 0110
	POGSON MD, GEORGE W, RR 3 BOX 23, 66762-9300 0 1902470464
	24 M 1902 47 OO
PHILLIPSBURG — 913	POWELL MD, TIMOTHY J, PO BOX 565, 66762-0565
	232-0127 0
(Central Kansas Medical Society)	52 M 1902 85 AN
BUBENIK MD, OLDRICH V, PO BOX 547, 67661-0547	RAMIREZ MD, AUGUSTO H, 909 CENTENNIAL STE 3, 66762-6600
543-5211 0 43 M 6505 85 GS	231-6280 26407580019 32 M 26407 71 GS
-5 .11 0000	0E III 2010/ / / O

RAMIREZ M 231-6280		P, 909 CENTENN 1671601	IAL, 66762-6600)
43	F	74801	71	PD
SANDNESS 231-3113		LEEN M, 1015 M	T CARMEL, 667	'62-660 ₄
56	F	1902	89	IM
SCHLEMME 231-6380		GER B, 1003 S BF 580884	ROADWAY, 667	62-5859
37	М	1902	68	OPH
SEARLE MD 231-7164		E, 101 N PINE S	T, 66762-4743	
37	М	5101	86	OPH
	F RONALI	D, #3 MED CENT	ER CIR, 66762-	0000
43	M	1902	70	FP
	ELIAS A, 21 91502	701 S ROUSE, 66	3762-6651	
52	M	33004	83	U
TWEET MD, 231-6100		CA, RR 5 BOX 19	96, 66762-9036	
39	М	1602	68	PATH
WHITE D O, 232-2270		CENTENNIAL & R 720097	OUSE, 66762-0	0000
43	М	1875	76	Р
YAGHMOUF 231-0850		AT E, 2701 S RC	OUSE, 66762-66	51
40	M	33002	72	U

PLAINVILLE — 913 (Central Kansas Medical Society)

KELLY D O, MARK A, PO BOX E, 67663-0150
434-4602 3979790383
50 M 3979 90 GP

PEDERSON MD, ARNOLD M, 202 COLORADO, 67663-2106
0 1902510601
22 M 1902 51 OO

PLEASANTON — 913 (Anderson County Medical Society)

JUSTUS MD, WILLIAM J, PO BOX 407, 66075-0407 352-6134 1902550611 29 M 1902 55 FP

PRATT — 316 (Ninnescah Medical Society)

AMBLER MD, CARL D, PO BOX 364, 67124-0364 672-6476 1902570019 31 M 1902 BARKER MD, PATRICK N, PO BOX 869, 67124-0869 672-7411 1902710040 45 M 1902 1902 GS BLACK MD, CYRIL V, RR 2, 67124-9802 4802300021 0 4802 BLOOM MD, L THEIL, 543 TERRACE DR, 67124-1355 672-9297 1902570051 32 M 1902 CEDENO MD, PHILIP A, PO BOX 869, 67124-0000 672-6454 1902820317 56 M 1902 87 COSTELLO MD, J W, 420 COUNTRY CLUB RD, 67124-3125 3520570186 M 672-9478 31 ORG FREEMAN MD, F GILES, 310 E 2ND, 67124-2718
672-5555 1902440557
18 M 1902 44 FP

FRIESEN MD, RICK W, 420 COUNTRY CLUB RD, 67124-3125
672-7422 1902860572
59 M 1902 0 FP

PRIBIL MD, ALAN N, 420 COUNTRY CLUB RD, 67124-0000
672-7415 0
54 M 3901 54 IM

SUITER MD, DANIEL JAY, 420 COUNTRY CLUB RD, 67124-3125
672-7415 1902711097
44 M 1902 74 GE

PROTECTION — 316 (Iroquois County Medical Society)

GLENN MD, LYLE G, PO BOX 447, 67127-0447 0 1606400418 12 M 1606 40 OO

QUINTER — 913 (Northwest Kansas Medical Society)

HIESTERMAN MD, HERMAN W, PO BOX 425, 67752-0425 0 1902510318 23 M 1902 51 OO

RANSOM — 913 (Central Kansas Medical Society)

MCLAIN MD, KENNETH, BOX 237, 67572-0237 731-2295 1902460388 21 M 1902 46 FP

RILEY — 913 (Riley County Medical Society)

WALDROP D O, RICHARD J, PO BOX 68, 66531-0068 485-2549 2878800446 45 M 2878 91 FF

ROSSVILLE — 913 (Shawnee County Medical Society)

LEINWETTER D O, MYRON, 423 MAIN, 66533-0086 584-6705 2878830515 55 M 2878 84 GP

RUSSELL — 913 (Central Kansas Medical Society)

MERKEL MD, EARL D, PO BOX 473, 67665-0473
483-2178
32
M
1902
57
FP

STARKEY MD, JERALD L, RT 2 BOX 148, 67665-9418
0 1902561044
30
M
1902
56
OO

WHITE MD, FAGAN N, 356 W 5TH, 67665-2610
0 702360447
11
M
702
37
OO

SABETHA — 913 (Northeast Kansas Medical Society)

		EVIN P, PO BOX 1902780927 1902	247, 66534-0247 81	FP
		EGG D, PO BOX	247, 66534-0247	,
54	М	1902	81	PD
		N O, PO BOX 22 ¹	7, 66534-0227	
33	М	1902	61	FP

SALINA — 913 (Saline County Medical Society)

767 5106		S T, PO BOX 175 780021	57, 67402-1757	
767-5126 53	M	1902	80	FP
		R, 737 E CRAWF	ORD ST, 67401	-5102
827-7261 52	1902 M	770042 1902	78	GE
ANDERSON 827-7261		Y, PO BOX 260, 6 590010	7402-0260	
32	F	1902	64	IM
825-8221		E, PO BOX 1847 730083	, 67402-1847	
47	М	1902	74	FP
BELL MD, N 823-7225		09 E WAYNE, 674 751595	01-2201	
50	M	1902	77	ENT
BOSSEMEY 825-8221		CHARLES H, PO	BOX 1847, 674	02-1847
49	M	1902	84	FP
), ROBERT	W, 910 MARYM	OUNT RD, 6740	1-8428
23	M	1902	55	00
		RNARD A, 400 E	BELOIT AVE, 6	7401-6216
0 30	006460045 M	3006	46	00
		E, PO BOX 6080), 67401-0080	
823-7470 58	Z879	840425	05	ED
	141	2879	85	FP
	, JONELL,	833 ELMHURST I		
BYERS MD 823-8140 53	, JONELL,			
823-8140 53 CATHCART	, JONELL, 1902 F F-RAKE MD	833 ELMHURST I 1781991 1902 , WILLIAM F, BO	BLVD, 67401-74	105 D
823-8140 53	, JONELL, 1902 F F-RAKE MD	833 ELMHURST I 1781991 1902	BLVD, 67401-74	105 D
823-8140 53 CATHCART 827-7261 48 CONNER M	, JONELL, 1902 F F-RAKE MD 1902 M	833 ELMHURST I 781991 1902 , WILLIAM F, BO: 740895 1902 1518 E IRON AV	BLVD, 67401-74 79 X 260, 67402-02	D 260
823-8140 53 CATHCART 827-7261 48	, JONELL, 1902 F F-RAKE MD 1902 M	833 ELMHURST I 1781991 1902 , WILLIAM F, BO 1740895 1902	BLVD, 67401-74 79 X 260, 67402-02	D 260
823-8140 53 CATHCART 827-7261 48 CONNER M 825-2020 46 COOPER M	F-RAKE MD 1902 F-RAKE MD 1902 M ID, BRIAN, 1902 M	833 ELMHURST I 1781991 1902 , WILLIAM F, BO: 1740895 1902 1518 E IRON AV 1720231 1902 L, PO BOX 2027,	BLVD, 67401-74 79 X 260, 67402-02 75 E, 67401-3277	D 260
823-8140 53 CATHCART 827-7261 48 CONNER M 825-2020 46	F-RAKE MD 1902 F-RAKE MD 1902 M ID, BRIAN, 1902 M	833 ELMHURST I 1781991 1902 , WILLIAM F, BO: 1740895 1902 1518 E IRON AV 1720231 1902	BLVD, 67401-74 79 X 260, 67402-02 75 E, 67401-3277	D 260
823-8140 53 CATHCART 827-7261 48 CONNER M 825-2020 46 COOPER M 823-7201 56 COSSETTE	, JONELL, 1902 F-RAKE MD 1902 M 1902 M 1902 M 10, JAMES 1902 M 10, JAMES 1902	833 ELMHURST I 1781991 1902 , WILLIAM F, BO: 1740895 1902 1518 E IRON AV 1720231 1902 L, PO BOX 2027, 1820376 1902 ROLD E, 909 E W.	79 X 260, 67402-02 75 E, 67401-3277 73 67402-2027	D 260 IM OPH
823-8140 53 CATHCART 827-7261 48 CONNER N 825-2020 46 COOPER N 823-7201 56	, JONELL, 1902 F-RAKE MD 1902 M 1902 M 1902 M 10, JAMES 1902 M 10, JAMES 1902	833 ELMHURST I 1781991 1902 , WILLIAM F, BO 1740895 1902 1518 E IRON AV 1720231 1902 L, PO BOX 2027 1820376 1902	79 X 260, 67402-02 75 E, 67401-3277 73 67402-2027	D 260 IM OPH
823-8140 53 CATHCART 827-7261 48 CONNER M 825-2020 46 COOPER M 823-7201 56 COSSETTE 823-7225 46 COVERT M	F-RAKE MD 1902 M 1902 M 10, JAMES 1902 M 10, JAMES 1902 M 10, JAMES 1902 M 10, THOMA	833 ELMHURST I 781991 1902 , WILLIAM F, BO: 740895 1902 1518 E IRON AV 720231 1902 L, PO BOX 2027, 820376 1902 ROLD E, 909 E W. 751781 1902 S J, 737 E CRAW	79 X 260, 67402-02 75 E, 67401-3277 73 67402-2027 83 AYNE AVE, 674	D 260 IM OPH PATH 101-2201 ENT
823-8140 53 CATHCART 827-7261 48 CONNER M 825-2020 46 COOPER M 823-7201 56 COSSETTE 823-7225 46	F-RAKE MD 1902 M 1902 M 10, JAMES 1902 M 10, JAMES 1902 M 10, JAMES 1902 M 10, THOMA	833 ELMHURST I 1781991 1902 , WILLIAM F, BO: 1740895 1902 1518 E IRON AV 1720231 1902 L, PO BOX 2027, 1820376 1902 ROLD E, 909 E W. 1751781 1902	79 X 260, 67402-02 75 E, 67401-3277 73 67402-2027 83 AYNE AVE, 674	D 260 IM OPH PATH 101-2201 ENT
823-8140 53 CATHCART 827-7261 48 CONNER M 825-2020 46 COOPER M 823-7201 56 COSSETTE 823-7225 46 COVERT M 827-7261 45	JONELL, 1902 F -RAKE MD 1902 M ID, BRIAN, 1902 M ID, JAMES 1902 M ID, JAMES MD, JERF 1902 M ID, THOMA 1902 M ID, THOMA 1902 M ID, BISMAF	833 ELMHURST I 1781991 1902 , WILLIAM F, BO: 1740895 1902 1518 E IRON AV 1720231 1902 L, PO BOX 2027, 820376 1902 L, PO BOX 2027, 820376 1902 SOLD E, 909 E W. 1751781 1902 S J, 737 E CRAW 1710244 1902 RCK C, PO BOX 3	79 X 260, 67402-02 75 E, 67401-3277 73 , 67402-2027 83 AYNE AVE, 674 76 PFORD ST, 6744	D 260 IM OPH PATH 301-2201 ENT 01-5102 PD
823-8140 53 CATHCART 827-7261 48 CONNER M 825-2020 46 COOPER M 823-7201 56 COSSETTE 823-7225 46 COVERT M 827-7261	JONELL, 1902 F -RAKE MD 1902 M ID, BRIAN, 1902 M ID, JAMES 1902 M ID, JAMES MD, JERF 1902 M ID, THOMA 1902 M ID, THOMA 1902 M ID, BISMAF	833 ELMHURST I 781991 1902 , WILLIAM F, BO: 1740895 1902 1518 E IRON AV 720231 1902 L, PO BOX 2027, 820376 1902 ROLD E, 909 E W. 1751781 1902 S J, 737 E CRAW 1710244 1902	79 X 260, 67402-02 75 E, 67401-3277 73 , 67402-2027 83 AYNE AVE, 674 76 PFORD ST, 6744	D 260 IM OPH PATH 301-2201 ENT 01-5102 PD
823-8140 53 CATHCART 827-7261 48 CONNER M 825-2020 46 COOPER M 823-7201 56 COSSETTE 823-7225 46 COVERT M 827-7261 45 D'SOUZA M 827-9526 45	JONELL, 1902 F -RAKE MD 1902 M ID, BRIAN, 1902 M ID, JAMES 1902 M ID, THOMA 1902 M ID, THOMA 4950 M ID, DAVID T	833 ELMHURST I 1781991 1902 , WILLIAM F, BO: 1740895 1902 1518 E IRON AV 1720231 1902 L, PO BOX 2027, 1820376 1902 ROLD E, 909 E W. 1751781 1902 S J, 737 E CRAW 1710244 1902 RCK C, PO BOX 201680370	79 X 260, 67402-02 75 E, 67401-3277 73 67402-2027 83 AYNE AVE, 674 76 /FORD ST, 674 72 2327, 67402-23:	D 260 IM OPH PATH 301-2201 ENT 01-5102 PD 27

827-9526	30058	L, PO BOX 2327 30272 3005	7, 67402-2327 84	R
RAEMEL M 827-0307	ID, H RICH. 19025	ARD, 2203 EDGE 30246	HILL RD, 6740	1-1614
18	M	1902	53	ОТО
		S, PO BOX 260, 6	37402-0260	
827-7261 18		30284 1902	43	IM
ATON MD,	GLEN E, 4	353 E NORTH ST	Г, 67401-9624	
	02540268 M	1902	54	00
		RR 1 BOX 346, 6	7401-9801	
0 190	02320152 M	1902	34	00
LLISON ME 825-7271 35	21056	1499 E IRON AV 00421 2105	E, 67401-3233	ОРН
ERGUSON 825-8221 0	28788	E L, PO BOX 18- 30299 2878	47, 67402-1847 0	IM
	2500192	ND S, 1901 E IR 702	ON AVE, 67401	-3428 OO
		523 S SANTA FI	= AVE 67401-4	
823-7213 43	40168		76	ORS
ANS MD, F	REDERICK	(A, 950 S 11TH,	67401-4818	
0 283	34460354 M	2834	51	00
		B, PO BOX 232	7, 67402-2327	
827-9526 55	19028 M	20554 1902	87	R
		D, 1001 S OHIO	ST, 67401-6212	
827-6453 51	19027 M	90752 1902	82	FP
RIFFITH M	D. FRANK	H, 1493 E IRON .	AVE. 67401-323	33
827-0488 45	48137		76	OPH
0 39	01540291	2142 EDGEHILL		
28	М	3901	63	00
AMILL MD, 827-1193		508-B E IRON A' 372058	VE, 67401-3236	
59		1902	0	P
		, 200 S SANTA F	E AVE STE #4,	67401-1615
823-6832 58	19028 M	1902	92	AN
ARBIN MD	. GARY L. 5	523 S SANTA FE	AVE, 67401-41	45
823-7213 50		752109 1902	77	ORS
827-9635	19027			
45	М	1902	78	U
ODGES MI 825-9024 34		A, 850 S SANTA 580421 1902	FE AVE, 67401	-4950 OBG
			-	
827-5451 58		J, 655 S SANTA 330843 1902	84	OBG
		OX 2327, 67402-	2327	
827-9526 54	19028 M	1902	82	DR
UTCHINSC	N MD, DIR	K T, 135 E CLAF	LIN AVE, 6740	1-6162
827-9631 48		740541 3901	78	IM
ASTER MD	, PAUL J. F	PO BOX 1757, 67	402-1757	
825-7251 57	19028 M		84	FP
J.				

JERKOVICH MD, GEORGE S, 1508 E IRON AVE, 67401-3236 827-1193 1902830959	NULL MD, WILLIAM G, 135 E CLAFLIN AVE, 67401-6162 827-9631 102570413
57 M 1902 87 P	31 M 102 66 PD
KELLERMAN MD, RICK, PO BOX 1757, 67402-1757	PALMER MD, GERALD K, 1952 RIDGELEA DR, 67401-3652
825-7251 1902780919 54 M 1902 81 FP	0 1803530765 24 M 1803 61 OO
KNOX MD, JEFFREY B, 737 E CRAWFORD ST, 67401-5102	PARRIOTT MD, JOEL E, 655 S SANTA FE, 67401-0000
827-7261 1902841039 57 M 1902 85 OBG	825-9024 3005890704 61 M 3005 93 OBG
KREHBIEL MD, MARK A, PO BOX 1847, 67402-1847	PEREZ-TAMAYO MD, CLAUDIA, PO BOX 256, 67402-0256
825-8221 1902742162 49 M 1902 76 FP	827-5591 1611812431 57 F 1611 0 RO
KRUCKEMYER MD, ALAN L, 645 E IRON AVE, 67401-2697 823-2215 1103710291	PETERSON MD, DAVID A, 645 E IRON AVE, 67401-2697 823-2215 3005821095
45 M 1103 77 ORS	49 M 3005 91 ORS
LAWRENCE MD, LINDA M, 929 ELMHURST BLVD, 67401-7401	PETERSON MD, JAMES E, PO BOX 2327, 67402-2327
823-1600 84802821111 57 F 4802 86 OPH	827-9526 1902781451 53 M 1902 82 DR
LAWRENCE MD, MICHAEL K, 737 E CRAWFORD AVE, 67402-0000	REECE MD, RICHARD J, 502 BEECHWOOD, 67401-3618
827-7255 2802840520 58 M 2802 0 IM	0 1902490554 23 M 1902 49 OO
LIVINGSTON MD, CHARLES E, 645 E IRON AVE, 67401-0000	RICHARDS MD, JON F, 135 E CLAFLIN AVE, 67401-6162
823-9166 1611570801 32 M 1611 64 GS	827-9631 1902752664 50 M 1902 0 IM
LUM D O, MICHAEL, 1001 S OHIO, 67401-0000 827-6453 0	RODERICK MD, JAMES E, 1706 UPPER MILL TER, 67401-2697 0 1902470511
59 M 2878 90 FP	23 M 1902 47 OO
MACY MD, NORMAN E, PO BOX 2027, 67402-2027 827-4053 1902600449	ROMEISER MD, REX S, 645 E IRON AVE, 67401-2697 827-9635 1902670854
35 M 1902 64 PATH	41 M 1902 68 U
MACY MD, TED L, PO BOX 260, 67402-0260 827-7261 1902710660	ROSALES MD, J EDGAR, 737 E CRAWFORD ST, 67401-5102 827-7261 17601740061
43 M 1902 73 GS	0 M 0 0 PD
MANGUOGLU MD, ALI B, 521 S SANTA FE AVE, 67401-4145	SCHMIDT MD, RAMON W, 400 E IRON AVE, 67401-2635
823-1032 90205760015 53 M 90205 85 N	823-9166 1902650802 39 M 1902 66 GS
MARCHBANKS MD, DONALD L, PO BOX 1007, 67402-1007	SCOTT MD, CHESTER E, 858 S 11TH, 67401-4861
0 1902510474 24 M 1902 51 OO	0 1902510725 23 M 1902 51 OO
MARSHALL MD, GEORGE W, PO BOX 1845, 67402-1845	SEATON MD, ROBERT D, PO BOX 260, 67402-0260
825-9024 1902700745 44 M 1902 71 OBG	827-7261 1902781664 49 M 1902 83 NEP
MARTIN MD, OLIVER L, 715 E REPUBLIC, 67401-5334 0 1902370371	SEBREE MD, STEVEN G, PO BOX 260, 67402-0260 827-7261 1902731047
8 M 1902 37 OO	47 M 1902 74 OBG
MATTHEWS MD, EARL H, 135 E CLAFLIN AVE, 67401-6162 827-9631 1902742308	SHAFER MD, JAMES J, 430 S OHIO, 67401-0676 827-0346 1902851603
49 M 1902 78 GS	57 M 1902 0 FP
MAXWELL MD, GORDON E, 135 E CLAFLIN AVE, 67401-6162	SHETLAR D O, JOHN M, 617 E ELM, 67401-0000
827-9631 1902550778 29 M 1902 55 OBG	825-8221 0 62 M 2878 92 GP
MCCRAE MD, SPENCER C, 647 GEORGETOWN RD, 67401-3795	SLOO MD, MILO G, 645 E IRON AVE, 67401-2697
0 3509430810 18 M 3509 52 OO	823-2215 1902670889 41 M 1902 68 ORS
MILLER MD, ELDEN V, 1928 RIDGELEA, 67401-3652	SMITH MD, BOYD E, PO BOX 2027, 67402-2027
0 1902441031 19 M 1902 44 OO	827-4053 3005720841 46 M 3005 78 PATH
MOORE MD, JULIE A, 338 N FRONT ST, 67401-2038 823-7201 1902861234 56 F 1902 0 PATH	SMITH MD, DAVID E, PO BOX 260, 67402-0260 827-7261 1902761272 50 M 1902 77 GS
MOWERY MD, WILLIAM E, PO BOX 260, 67402-0260	SMITH MD, JOHN D, 1318 PARKWOOD DR, 67401-6616
827-7261 1902470391 23 M 1902 47 GS	0 3901510554
NEUMANN MD, JAMES W, 600-E S SANTA FE AVE, 67401-4148 825-5041 1902560820	SNYDER MD, MARK D, 200 S SANTA FE STE 4, 67401-0000 823-6832 0
24 M 1902 83 N	59 M 1902 93 AN
NICKELL MD, WENDELL K, RR 2, 67401-9802 0 1606511201	SPARACINO D O, JEFFERY L, PO BOX 2327, 67402-2327 827-9526 0
26 M 1606 51 OO	59 M 2879 0 DR

			COUNTRY EST	ATES CIR, 67401-9656			J, 713 MAIN ST,	66538-1931	
823-9498 39 N		'21084 1902	73	AN	336-6107 51	2878 M	781018 2878	0	GP
STUEWE MD, 827-7261		PO BOX 260, 67 42022	402-0260		MENZEL M 336-6277		S E, 511 WALNU	Г, 66538-2053	
		1902	75	IM	52	M	821241 1902	0	GS
	T MD, HO 2490694	WARD R, PO BO	X 260, 67402-0	260					
		1902	49	00		_	LIAWAIEE B	HICCION	040
		CE N, 833 MANO	OR RD, 67401-5	134			HAWNEE N		
	4481114 VI	2834	60	00		·	nson Count		• •
		W, 135 OVERHIL	L RD, 67401-35	80	ALLEN MD, 451-5934		5520 COLLEGE 780014	BLVD #410, 662	11-1600
	2490716 VI	1902	49	00	46	M	2002	0	D
WEDEL MD.	ALAN K. F	O BOX 6080, 67	401-0080			MAX S, 51	103 W 96TH TER,	66207-3320	
823-7470		321933 1902		FP	11	M	1902	37	00
		S C, PO BOX 184					ES C, 8029 W 12	23RD TER, 6621	3-1448
825-8221	19028	331971		50	926-1000 55	F 2003	830013 2803	88	A
		1902		FP			SON H, 8800 W 7	75TH STE 220, 6	66204-4001
ZUJKO MD, F 823-7225	RICHARD I	D, 909 E WAYNE			384-5500 59	1902 F	1902 1902	91	PD
43 N	VI	2507	91	ОТО	ANDERSO	N MD, WILL	IAM A, 2508 W 7	1ST, 66208-000	0
					236-7288 50		760191 2846	83	EM
		CATANI	TA — 316				9100 W 74TH ST		
	(South	west Kansa		Society)	676-2351	2803	750036	91	PATH
IAREL MD. II	•	, PO BOX 247, 6		ooolety)	49	M	2803		
649-2771	74809	680111		10.0	262-9201	1902	CHARD C, 8800 ¹ 820031		
		74809		IM	56	M	1902	0	GPVS
679-2771		O, PO BOX 547, 0690228			ASHCRAFT 642-4900		TT E, 10540 BARI	KLEY #70, 6621	2-1842
43 1	M	74810	69	PATH	59	M	1902	93	AN
					ATHON ME 642-4242		D, 6806 W 83RD	ST, 66204-399	9
		SCOTT C	ITY — 316		24	M	1902	54	FP
	(South	west Kansa		Society)			NNIFER, PO BO	(2923, 66201-1	323
DUNN MD D	•	202 S COLLEGE		• •	676-2340 57	F 1902	1902	89	PATH
872-2187	19027	40232					S J, 10600 QUIVI	RA RD #460, 66	215-2312
		1902		FP	492-0021 49	2846 M	3740026 2846	78	ОРН
0 190	2530408	ORRISON, 804 C			BAKER MD	, WILLIAM	S. 7700 SHAWNE	EE MISSION PK	Y #209, 66202-0000
23 1	M	1902	53	00	262-1843 47		730066 702	76	P
ROSIN MD, R 872-2187		, 202 S COLLEG 351514	E ST, 67871-129	98			AS F, 7301 FRON		
	M	1902	86	IM	722-0080	1902	830142		
					56	M	1902	84	IM
		CEDA	N ⊶ 316		BANSAL M 381-6765	4950	O, 5600 W 95TH 04560146		
	(South	heast Kansa		Society)	37	F	49504	80	FP
TAN/ 00 MD	•			• •	BANSAL M 384-2220		C, 8901 W 74TH	ST #147, 66204	-2299
0 512	570879	V, 120 W OSAGE			38	М	49541	74	ORS
		512	62	00			Y E, 5811 OUTLC	OK ST, 66202-2	2792
	, WILLIAM 2450722	I K, 417 N MONT	GOMERY, 6736	1-1023	432-0625 40	M 2646	2846	79	Α
	M	1902	45	00			S E, 8901 W 74T	H ST #353, 6620	04-2298
					677-2460 43	1902 M	2690057 1902	70	U
		CENEC	A — 913		BARELLI M	ID, PAT A.	5609 MISSION DI	R, 66208-1135	
	(North	neast Kansa		Society)		902440077 F	1902	44	00
DEDNIEV M	•			oblicity)			ETH B, PO BOX 8		
336-2128	19026	N W, 15 S 5TH 5		FD.	381-6669	4706	5550122		
31 I	M	1902	64	FP	30	F	4706	66	Р

BARNETT JR MD, THOMAS E, 10600 QUIVIRA STE 240, 66215-2311	BOTTS MD, LARRY D, 8901 W 74TH ST #348, 66204-2243
541-3355 2846750251 52 M 1902 80 GE	432-8000 3005790092 52 M 3007 0 PUD
BARNETT MD, THEODORE M, 6115 W 54TH TER, 66202-1634	BOWLIN D O, SCOTT E, 7301 MISSION RD #150, 66208-0000
234-3668 4812810095 56 M 4812 0	432-2000 2878880261 58 M 2878 0 FP
BARNHART MD, RONALD J, 9119 WEST 74TH ST #268, 66204-2202	BROWN MD, M DAVID, 4500 COLLEGE BLVD STE 304, 66211-1760
831-2334 2501680136 41 M 2501 69 OBG	338-0400 3901850177 59 M 3901 91 CHP
BARR MD, RICHARD N, 7301 MISSION STE 119, 66208-3005	BROWN MD, WILLIAM R, 8717 ROSEWOOD DR, 66207-2223
432-4366 1902570043 32 M 1902 57 OPH	0 1902480079 23 M 1902 48 OO
BARRICK MD, BRUCE, PO BOX 2923, 66201-1323	BROXTERMAN MD, STEVEN JOSEPH, 9119 W 74TH ST #150, 66204-2201
676-2340 1902650021 39 M 1902 66 PATH	362-5510 1902760217 51 M 1902 77 FP
BASOM MD, THON A, 8901 W 74TH #333, 66204-0000	BRUN MD, MICHAEL E, PO BOX 29194, 66201-9194
262-9311 1902810044	599-6777 2802810141
55 M 1902 91 IM	55 M 2802 86 DR
BATTY MD, LARRY H, 9119 W 74TH ST #268, 66204-2202 831-2334 1902760110	BRUNING MD, DANIEL L, 10540 BARKLEY ST #70, 66212-1842 268-0500 2834820105
51 M 1902 77 OBG	56 M 2834 84 AN
BAUER MD, LAFE W, 4818 W 80TH, 66208-5025	BRUNING MD, ROGER M, 8340 MISSION RD #101, 66206-1362
0 1902490023 20 M 1902 49 OO	384-0745 1902760225 48 M 1902 79 FP
BAUER MD, LAIRD A, 8800 W 75TH STE 300, 66204-4001	BUBB MD, STEPHEN K, 8800 W 75TH ST STE 350, 66204-4001
722-4240 1902860106 56 M 1902 89 IM	362-0031 1902740135 48 M 1902 76 ORS
BEAMON MD, RICHARD F, 8000 W 110TH STE 105, 66210-2315	BUCKMAN MD, MARTIN SPALDING, 10600 QUIVIRA RD STE 240, 66215-2311
469-1411 2803730035 47 M 2803 91 EM	541-3355 2803760066 49 M 2802 75 IM
BECKER MD, NANCY J, 5701 W 119TH #209, 66209-3722	BURES JR MD, GEORGE J, 8700 BOURGADE STE 2, 66219-1440
661-9980 1902820139 48 F 1902 87 IM	599-5500 1902850268 58 M 1902 90 FP
BEEZLEY MD, MICHAEL J, 8800 W 75TH STE 115, 66204-4001 262-9201 1902730105	BURGER MD, PAUL B, PO BOX 3278, 66203-0278 631-6114 2834500101
47 M 1902 74 GPVS	25 M 2834 50 FP
BELL MD, D W, 7000 W 121ST ST STE 100, 66209-2010 469-1020 1902680078	BUSER MD, WILLIAM D, 12000 W 110TH STE 200, 66210-3937 469-1477 1902800146
42 F 1902 69 OPH	55 M 1902 83 GE
BELT MD, ROBERT J, 12000 W 110 #400, 66210-3937 469-8023 702710073	BUTRICK MD, CHARLES W, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 1902800154
45 M 702 75 ON	55 M 1902 88 OBG
BELZER MD, EDWARD G, 10600 QUIVIRA STE 330, 66215-2312 541-3300 3005620081	CALKINS MD, LARRY L, 5635 SUWANEE, 66205-3307 0 1902430187
36 M 3005 67 PD	18 M 1902 43 OO
BERGH MD, JAMES R, 10500 QUIVIRA RD, 66215-0000	CAMPBELL MD, LINDA H, 6208 REINHARDT DR, 66205-3337
541-5384 1902840172 57 M 1902 85 DR	722-4376 1902840806 48 F 1902 0 ON
BERNHARDT MD, GARY D, 10550 QUIVIRA STE 270, 66215-0000	CARNEY MD, SUSAN M, 8901 W 74TH ST, 66204-0000
541-8666 0 54 M 1902 80 FP	722-0170 0 60 F 2846 93 OPH
BICHLMEIER MD, FRANKLIN G, 8901 W 74TH ST #272, 66204-2202	CARRIKER MD, CRISTINE G, 8901 W 74TH ST #248, 66204-2202
362-0500 1902580081 33 M 1902 59 GS	384-4990 1902881618 61 F 1902 92 OBG
BISHOP MD, FRANCIS E, 3208 W 83 TER, 66206-1304	CASTEEL MD. CHARLES K. 8901 W 74TH ST #380, 66204-2254
0 1902450064	831-1003 3901590141
BISHOP MD, HENRY R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 4813790128	CASTLEMAIN MD, BRIAN D, 9359 W 75TH, 66204 341-0120
53 M 4813 82 OBG	58 M 5606 93 CDTS
BLETZ MD, DONALD B, 10633 WITMER, 66215-2305 345-2661 5104580116	CATTANEO MD, ERNEST A, 7301 MISSION RD STE 350, 66208-3005 262-3930 1902650110
28 M 5104 72 IM	39 M 1902 66 IM
BOHN MD, WILLIAM W, 10550 QUIVIRA STE 350, 66215-2308 888-9893 0	CECIL III MD, JOHN, PO BOX 25010, 66225-5010 0 4804690145
55 M 0 0 ORS	43 M 4804 72 R
BOLES MD, J MICHAEL, 5949 NIEMAN RD, 66203-2907	CEDERLIND MD, CRANSTON JAY, 8901 W 74TH ST #390, 66204-2253
631-1300 1902610088 35 M 1902 62 FP	236-6455 1902710198 45 M 1902 72 OBG

CHERAY MD, JAMES A, 10600 QUIVIRA RD STE 210, 66215-0000 541-3340 1902902135	DREILING MD, ROGER J, 7301 FRONTAGE RD STE 200, 66204-1654 722-0080 1902780552
62 M 1902 92 IM	51 M 1902 79 CD
COALE MD, LLOYD H, PO BOX 1262, 66222-0262 0 1902430209 13 M 1902 43 OO	DUCKETT II MD, THOMAS G, 7000 W 121 ST #100, 66209-2010 345-8868 1902670145 41 M 1902 68 OPH
COHEN MD, ROBERT A, 8201 MISSION RD #202, 66208-5212 642-2100 2803640036	DUDGEON MD, MAUREEN, 7301 FRONTAGE RD #100, 66204-1654 362-2035 1902770417
39 M 2803 70 PD	51 F 1902 78 IM
COKINGTIN MD, CLIFTON D, 5520 COLLEGE BLVD STE 201, 66211-0000 491-3737 0 63 M 2846 93 OPH	DUNCAN MD, KIRK A, 9367 W 75TH, 66204 381-0622 1902780561 53 M 1902 83 NEP
COLEMAN MD, ROBERT L, 8901 W 74TH ST #1, 66204-2240	EDWARDS-GARLAND MD, SHELLEY J, 7301 FRONTAGE RD #100, 66204-1654
362-0100 4113660193 41 M 4113 79 PS	432-2280 1902882304 58 F 1902 91 IM
COOLEY MD, DAVID A, 5701 W 119TH #209, 66209-3722	ELLIS MD, S CHRISTOPHER, PO BOX 23548, 66223-0548
661-9980 2802660131	373-0263 91707710051
40 M 2802 72 RHU	47 M 91707 85 AN
COOPER MD, JACK R, 5300 MISSION RD, 66205-2717 0 3840430251	ELLIS MD, HOWARD D, 10550 QUIVIRA RD STE 410, 66215-2304 541-0990 1902780579
17 M 3840 52 OO	53 M 1902 89 OBG
CORDELL MD, LARRY D, 12301 W 106TH ST STE 100, 66215-2292 888-2800 0	EMMOTT MD, DAVID F, 8901 W 74TH ST #32, 66204-2254 831-1003 3901790476
41 M 1902 90 ORS	53 M 3901 81 U
COULTER MD, HENRY F, 4203 W 151 ST, 66224-9758 0 1902510113	ENDERS MD, WRAY, 9034 COTTONWOOD DR STE 2, 66215-5408 0 1902360138
23 M 1902 51 OO	2 M 1902 36 OO
COULTER MD, THOMAS B, 7504 ANTIOCH RD, 66204-2622	ESRIG D O, HAROLD L, 8132 SAGAMORE, 66206-1233
341-3100 1205640165	0 2878600013
38 M 1205 72 OPH	30 M 2878 62 OO
COX JR MD, IRA, 5829 WOODSON PO BOX 975, 66201-0975 722-1100 1902490180	ETZENHOUSER III MD, RUSSELL D, 10600 QUIVIRA STE 330, 66215-2312 541-3300 1902590273
19 M 1902 49 FP	34 M 1902 64 PD
CREDITOR MD, MORTON C, 6220 ENSLEY LN, 66208-1240	EVANS MD, CAROL A, 5701 W 119TH ST #430, 66209-3722
0 3501470171 23 M 3501 86 OO	338-1818 2846780222 54 F 2846 82 IM
CREEK D O, ALAN D, 10550 QUIVIRA RD STE 270, 66215-0000 541-8666 2878780640	FAERBER MD, THOMAS H, 4601 W 109TH ST, 66211-1318 469-8895 2846901046
46 M 2878 80 FP	58 M 2846 91 MFS
DAVIA MD, JAMES E, 10550 QUIVIRA RD STE 510, 66215-2305	FINLEY MD, BRENT E, 10600 QUIVIRA RD STE 450, 66215-2312
541-3340 1611620361 37 M 1611 85 CD	588-6250 1902790639
37 M 1611 85 CD	52 M 1902 81 MFM
DEMCZUK MD, ROXOLANA J, 10540 BARKLEY #70, 66212-1842	FRANKEL MD, SCOTT J, 4500 COLLEGE BLVD STE 200, 66211-1760
642-4900 0 51 F 5605 91 AN	491-5501 2802790387 53 M 2802 84 A
DENIGON ND TERRY D FOAT OUT OOK OT 00000 0700	EDIFORNING OTANIEW D. 40 LE MANIO OT. 00000 5004
DENISON MD, TERRY R, 5811 OUTLOOK ST, 66202-2792 432-0625 1902560307	FRIESEN MD, STANLEY R, 48 LE MANS CT, 66208-5231 0 1902430306
29 M 1902 56 A	18 M 1902 43 OO
DENNIS MD, MICHAEL W, PO BOX 29194, 66201-9194	GAGE MD, BETSE M, 8800 W 75TH ST #220, 66204-4001
599-6777 2846810156	384-5500 1902800375
57 M 2846 83 DR	55 F 1902 84 PD
DERRINGTON MD, KENNETH L, 4601 W 109TH STE 310, 66211-1315	GARCIA-FERRER MD, FRANCISCO, 10616 W 87TH ST, 66214-1651
491-6464 1902710287 44 M 1902 72 FP	541-0999 27501601638 32 M 27501 73 FP
DIEHL MD, ANTONI M, 13106 W 75TH TERR, 66216-3002	GAUGHAN MD, MICHAEL J, PO BOX 29194, 66201-9194 599-6777 1902741549
24 M 2604 53 OO	49 M 1902 77 R
DOCKHORN MD, ROBERT J, 5300 W 94TH TERR, 66207-2504 381-4674 1902600236	GERJARUSAK MD, PRAPAS, 8901 W 74TH ST #121, 66204-2201 262-0344 89104710086
34 M 1902 61 PDA	36 M 89101 75 IM
DORZAB MD, LINDA L, 5701 W 119 ST #430, 66209-0000 338-1818 2846840870	GERWICK MD, CHARLES L, PO BOX 2923, 66201-1323 676-2214 1902840628
47 F 2846 90 IM	58 M 1902 91 EM
DRAKE MD CVNTHIA K 0110 W 74TH ST #200 65204 2277	CIRRONS MD DOREDT T 9900 RAI I ENTINE 66914 1005
DRAKE MD, CYNTHIA K, 9119 W 74TH ST #300, 66204-2277 677-3115 2846810181 57 F 1902 83 OBG	GIBBONS MD, ROBERT T, 8800 BALLENTINE, 66214-1985 894-4050 1902680302 43 M 1902 69 AN
0, 1 1302 00 ODG	
DRASIN MD, DENA K, 7301 MISSION RD STE 328, 66208-3005 362-1444 2002800341	GILLEN MD, BILLY A, 8802 BIRCH LN, 66207-2210 0 1902540365
40 F 2002 85 CHP	29 M 1902 54 OO

0.050-77-1/0-1-50-70-40/1-00000-4000	HENDY ME TOURNET CONTAINS ATTLEMENT OF THE CASE CONTAINS
GOERTZ MD, LEO R, 6340 ASH, 66208-1369 0 1902520275	HENRY MD, JOSEPH E, 8901 W 74TH STE 348, 66204-2203 432-8000 1902680361
22 M 1902 52 OO	0 M 1902 0 PUD
GOLDBERG MD, JOSEPH P, 10561 BARKLEY #200, 66212-0000	HERRON MD, KRISTINE G, 9367 W 75TH ST, 66204-0000
967-4692 3806640203 37 M 3806 92 PD	474-9353 1902840792 57 F 1902 0 NEP
GOLDSTEIN MD, GERALD L, 4500 COLLEGE BLVD STE 200, 66211-1760 491-5501 16504760069	HESS MD, STEVEN J, 9119 W 74TH ST STE 260, 66204-2229 432-1100 1902860831
47 M 16504 81 P	60 M 1902 92 NS
GOMEZ MD, FRANCISCO, 2020 DRURY LN, 66208-1228 262-4077 26401400019	HESSER MD, HERBERT H, 6555 W 75TH ST A #334, 66204-0000 0 1902340242
15 M 26401 63 P	6 M 1902 34 OO
GOOD MD, WENDELL L, 4604 W 113TH, 66211-0000 491-9183 1902480214	HETTINGER MD, MICHAEL E, 7504 ANTIOCH RD, 66204-2622 341-3100 4706750431
24 M 1902 48 FP	46 M 4706 81 OPH
GOODWIN MD, JOHN A, 10600 QUIVIRA RD STE 330, 66215-2312 541-3300 1902860645	HICKS MD, SARA A, 12902 STATE LINE RD, 66209-0000 451-4443 0
60 M 1902 88 PD	64 F 1803 93 FP
GRAHAM MD, BRUCE D, 4860 COLLEGE BLVD, 66211-0000	HILL MD, RODNEY W, 8901 W 74TH ST #208, 66204-2202
345-2603 2803811248	362-0300 1902741573
51 M 2803 87 GS	47 M 1902 75 IM
GRASHOFF MD, JOYCE A, 11116 W 114TH, 66210-0000 596-4180 3005800101	HITCHCOCK MD, C THOMAS, 8901 W 74TH ST #356, 66204-2203 677-2508 1902730521
59 F 3005 83 EM	47 M 0 82 GS
GRAY MD, C K, 11020 KING, 66210-1201	HOBSON MD, MILBURN W, 5467 W 85TH TER, 66207-1722
345-2622 1902753067	0 1902550522
48 M 1902 75 IM	30 M 1902 55 OO
GRIN MD, TRUDI R, 10550 QUIVIRA RD STE 335, 66215-2308	HOOD MD, ROGER W, 8300 COLLEGE STE 105, 66210-2603
888-1888 0 57 F 2846 86 PDO	451-9310 1643740431 48 M 1643 76 ORS
GRUNDMEIER MD, ANNETTE M, 9119 W 74TH ST #210, 66204-2202 432-3334 1611770916	HOOPES MD, PHILLIP C, 5520 COLLEGE STE 201, 66211-0000 491-3737 3605760944
46 F 1611 79 PD	48 M 3605 0 OPH
HACKER MD, DAVID C, 10540 BARKLEY ST #70, 66212-1842	HOPKINS MD, LENLY, 7312 ANTIOCH RD, 66204-2739
676-2479 1902752079	722-6121 3841560344
50 M 1902 78 AN	30 M 3841 65 GS
HALL MD, MARK R, PO BOX 2923, 66201-0000	HOPKINS MD, WILLIAM O, 8575 W 110TH STE 306, 66210-2620
676-2214 2512860381 60 M 2512 90 EM	451-1919 2803610358 33 M 2803 72 ORS
60 IVI 2512 90 EIVI	33 IVI 2803 72 OHS
HALLERAN III MD, WILLIAM J, PO BOX 29194, 66201-9194	HOUSTON II MD, LAWRENCE MORLEY, 5520 COLLEGE BLVD #460, 66211-1600 451-1311 2803760449
599-6777 1902780749 53 M 1902 80 DR	451-1311 2803760449 50 M 2803 79 FP
HAMTIL MD, LAWRENCE W, 10550 QUIVIRA RD STE 460, 66215-2304 341-3937 2803610251	HSU MD, CECILIA C, 7315 E FRONTAGE RD STE 114, 66204-1658 677-2666 24402730478
36 M 2803 69 PD	43 F 24402 84 PD
HARD MD, BENJAMIN F, 12551 W 108TH TER, 66210-1109	
	HUESTON MD ALLEN L 7315 FRONTAGE RD #114 66207-0000
0 4802550664	HUESTON MD, ALLEN L, 7315 FRONTAGE RD #114, 66207-0000 321-1133 0
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948	321-1133 0 50 M 1803 0 P HUMPHREY MD, MARK S, 10600 QUIVIRA RD STE 230, 66215-2311
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432	321-1133 0 50 M 1803 0 P HUMPHREY MD, MARK S, 10600 QUIVIRA RD STE 230, 66215-2311 541-8897 1902840890
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948	321-1133 0 50 M 1803 0 P HUMPHREY MD, MARK S, 10600 QUIVIRA RD STE 230, 66215-2311
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0	321-1133 0 50 M 1803 0 P HUMPHREY MD, MARK S, 10600 QUIVIRA RD STE 230, 66215-2311 541-8897 1902840890 58 M 1902 85 ORS HUSEMAN MD, RICHARD A, 9329 W 74TH ST, 66204-2232 831-2430 1720720961
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308	321-1133 0 50 M 1803 0 P HUMPHREY MD, MARK S, 10600 QUIVIRA RD STE 230, 66215-2311 541-8897 1902840890 58 M 1902 85 ORS HUSEMAN MD, RICHARD A, 9329 W 74TH ST, 66204-2232
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662	321-1133 0 P 50 M 1803 0 P HUMPHREY MD, MARK S, 10600 QUIVIRA RD STE 230, 66215-2311 541-8897 1902840890 58 M 1902 85 ORS HUSEMAN MD, RICHARD A, 9329 W 74TH ST, 66204-2232 831-2430 1720720961 46 M 1720 75 NEP INNES MD, ROBERT C, 10226 BRIAR, 66207-3418
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS	321-1133 0 P HUMPHREY MD, MARK S, 10600 QUIVIRA RD STE 230, 66215-2311 541-8897 1902840890 58 M 1902 85 ORS HUSEMAN MD, RICHARD A, 9329 W 74TH ST, 66204-2232 831-2430 1720720961 46 M 1720 75 NEP
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331 20 M 1902 45 OO	321-1133
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331	321-1133
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331 20 M 1902 45 OO HARTONG MD, WILLIAM A, 8901 W 74TH ST #372, 66204-2200 831-9300 1902710457 44 M 1902 72 IM	321-1133
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331 20 M 1902 45 OO HARTONG MD, WILLIAM A, 8901 W 74TH ST #372, 66204-2200 831-9300 1902710457	321-1133
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331 20 M 1902 45 OO HARTONG MD, WILLIAM A, 8901 W 74TH ST #372, 66204-2200 831-9300 1902710457 44 M 1902 72 IM HARTY MD, JEAN R, 8747 ROSEWOOD DR, 66207-2223	321-1133
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331 20 M 1902 45 OO HARTONG MD, WILLIAM A, 8901 W 74TH ST #372, 66204-2200 831-9300 1902710457 44 M 1902 72 IM HARTY MD, JEAN R, 8747 ROSEWOOD DR, 66207-2223 588-5745 1902850721	321-1133
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331 20 M 1902 45 OO HARTONG MD, WILLIAM A, 8901 W 74TH ST #372, 66204-2200 831-9300 1902710457 44 M 1902 72 IM HARTY MD, JEAN R, 8747 ROSEWOOD DR, 66207-2223 588-5745 1902850721 44 F 1902 87 PD HAWKINS MD, JOHN W, 7301 FRONTAGE RD #200, 66204-0000 722-0080 0	321-1133
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331 20 M 1902 45 OO HARTONG MD, WILLIAM A, 8901 W 74TH ST #372, 66204-2200 831-9300 1902710457 44 M 1902 72 IM HARTY MD, JEAN R, 8747 ROSEWOOD DR, 66207-2223 588-5745 1902850721 44 F 1902 87 PD HAWKINS MD, JOHN W, 7301 FRONTAGE RD #200, 66204-0000	321-1133
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331 20 M 1902 45 OO HARTONG MD, WILLIAM A, 8901 W 74TH ST #372, 66204-2200 831-9300 1902710457 44 M 1902 72 IM HARTY MD, JEAN R, 8747 ROSEWOOD DR, 66207-2223 588-5745 1902850721 44 F 1902 87 PD HAWKINS MD, JOHN W, 7301 FRONTAGE RD #200, 66204-0000 722-0080 0 59 M 1902 93 CD HEIT MD, J ANTHONY, 10600 QUIVIRA RD STE 320, 66215-0000	321-1133
0 4802550664 28 M 4802 64 OM HARDIN MD, CREIGHTON A, 8229 NALL AVE, 66208-4948 0 5605430432 18 M 5605 48 OO HARRIS MD, LANNY W, 10550 QUIVIRA RD STE 310, 66215-2308 888-9893 0 41 M 4706 0 ORS HARTMAN MD, GERALD V, 6616 EL MONTE, 66208-1662 0 1902450331 20 M 1902 45 OO HARTONG MD, WILLIAM A, 8901 W 74TH ST #372, 66204-2200 831-9300 1902710457 44 M 1902 72 IM HARTY MD, JEAN R, 8747 ROSEWOOD DR, 66207-2223 588-5745 1902850721 44 F 1902 87 PD HAWKINS MD, JOHN W, 7301 FRONTAGE RD #200, 66204-0000 722-0080 0 59 M 1902 93 CD	321-1133

JOHNSON MD, PAMELA M, 8901 W 74TH ST #10, 66204-2291	LASH MD, RAY E, 7301 FRONTAGE RD STE 200, 66204-1654
362-1660 1902841233 58 F 1902 87 PD	722-0080 1902752338 50 M 1902 76 CD
JOHNSON MD, STEPHANIE E, 5520 COLLEGE BLVD #365, 66211-0000	LEE MD, KING Y, 8901 W 74TH ST, 66204-2240
338-1818 0	362-7800 401620371
58 F 1103 93 IM	36 M 401 0 OPH
JONES MD, CHARLES E, PO BOX 2923, 66201-1323 676-2214 1902600368	LEGASPI JR MD, PEDRO L, 10540 BARKLEY STE 70, 66212-1842 676-2479 74801600127
31 M 1902 61 FP	36 M 74801 71 AN
JONES MD, H IVOR, 5029 W 120TH TER, 66209-3543	LEMOINE JR MD, ALBERT N, 7645 CANTERBURY ST, 66208-3942
0 80303510072 24 M 80303 59 OO	0 2802430992 18 M 2802 47 OO
KARLIN MD, CHARLES A, PO BOX 29194, 66210-2194	LENTELL MD, MICHELLE M, 7315 FRONTAGE RD STE #100, 66204-0000
599-6777 1902752265	722-1350 0
49 M 1902 76 DR	64 F 2846 93 OBG
KASHYAP MD, BANSHI P, 8901 W 74TH ST #257, 66204-2202 236-4500 49554710017	LEO MD, WILLIAM A, 4505 W 66TH, 66208-0000 0 1902520445
47 M 49554 78 IM	22 M 1902 52 OO
KATZ MD, ARNOLD L, 10550 QUIVIRA RD #470, 66215-2304	LEONI MD, PATRICK A, 9100 W 74TH ST, 66201-0000
888-3231 5101700293 44 M 5101 0 RHU	676-2350 0 48 M 3006 0 PATH
KATZ MD, FRED S, 8901 W 74TH ST #145, 66204-2294	LESTER MD, JOHN BUCKLES, 4140 W 71ST STE 108, 66208-2805
722-0020 1902791066	432-7276 1902700681
50 M 1902 58 OTO	45 M 1902 71 P
KEITGES MD, PIERRE W, 7800 W 110TH, 66210-2306 338-4070 3006570371	LEVINE MD, H TERRY, 5520 COLLEGE BLVD STE 110, 66211-1600 491-3300 2101850776
33 M 3006 72 PATH	59 M 2101 89 A
KELLEY MD, GORDON R, 8800 W 75TH STE 100, 66204-4001	LEWIN MD, WALTER, 6331 BEVERLY ST, 66202-0000
384-4200 6002770014 52 M 6002 83 N	0 1902560668 30 M 1902 56 OO
KENNEDY MD, KENNTH R, 7004 CAENEN AVE, 66216-2691	LIESE MD, ZIANA A, 8340 MISSION RD STE 101, 66206-0000
0 1902530467	341-0775 0
24 M 1902 0 OO	53 F 1902 93 FP
KENNY MD, LAURA M, 7315 FRONTAGE RD #100, 66204-2229 722-1350 1902831009	LLOYD MD, JAMES W, 6901 W 121ST ST #20, 66209-2007 451-7886 1902730687
56 F 1902 87 OBG	44 M 1902 93 FP
KETCHUM MD, LYNN D, 5701 W 119TH STE 237, 66209-3724	LOCKWOOD MD, TED E, 10600 QUIVIRA RD #470, 66215-2312
KETCHUM MD, LYNN D, 5701 W 119TH STE 237, 66209-3724 451-8567 2101600524 36 M 2101 69 PS	LOCKWOOD MD, TED E, 10600 QUIVIRA RD #470, 66215-2312 894-1070 1902710651 45 M 1902 91 PS
KETCHUM MD, LYNN D, 5701 W 119TH STE 237, 66209-3724 451-8567 2101600524 36 M 2101 69 PS KIRBY MD, HOLLY F, 11201 NALL #100, 66211-0000 451-3030 0	LOCKWOOD MD, TED E, 10600 QUIVIRA RD #470, 66215-2312 894-1070 1902710651 45 M 1902 91 PS LOTUACO MD, GAMALIEL G, 5520 COLLEGE BLVD #232, 66211-1600 491-6373 74801641184
KETCHUM MD, LYNN D, 5701 W 119TH STE 237, 66209-3724 451-8567 2101600524 36 M 2101 69 PS KIRBY MD, HOLLY F, 11201 NALL #100, 66211-0000 451-3030 0 51 F 801 82 D	LOCKWOOD MD, TED E, 10600 QUIVIRA RD #470, 66215-2312 894-1070 1902710651 45 M 1902 91 PS LOTUACO MD, GAMALIEL G, 5520 COLLEGE BLVD #232, 66211-1600 491-6373 74801641184 41 M 0 0 PS
KETCHUM MD, LYNN D, 5701 W 119TH STE 237, 66209-3724 451-8567 2101600524 36 M 2101 69 PS KIRBY MD, HOLLY F, 11201 NALL #100, 66211-0000 451-3030 0	LOCKWOOD MD, TED E, 10600 QUIVIRA RD #470, 66215-2312 894-1070 1902710651 45 M 1902 91 PS LOTUACO MD, GAMALIEL G, 5520 COLLEGE BLVD #232, 66211-1600 491-6373 74801641184 41 M 0 PS LUND MD, STEPHEN B, PO BOX 2923, 66201-1323
KETCHUM MD, LYNN D, 5701 W 119TH STE 237, 66209-3724 451-8567 2101600524 36 M 2101 69 PS KIRBY MD, HOLLY F, 11201 NALL #100, 66211-0000 451-3030 0 51 F 801 82 D KOCH MD, KEVIN J, 9100 W 74TH, 66204-4019	LOCKWOOD MD, TED E, 10600 QUIVIRA RD #470, 66215-2312 894-1070 1902710651 45 M 1902 91 PS LOTUACO MD, GAMALIEL G, 5520 COLLEGE BLVD #232, 66211-1600 491-6373 74801641184 41 M 0 PS LUND MD, STEPHEN B, PO BOX 2923, 66201-1323
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KETCHUM MD, LYNN D, 5701 W 119TH STE 237, 66209-3724 451-8567 2101600524 36 M 2101 69 PS KIRBY MD, HOLLY F, 11201 NALL #100, 66211-0000 451-3030 0 51 F 801 82 D KOCH MD, KEVIN J, 9100 W 74TH, 66204-4019 676-2214 2846800339 55 M 2846 89 EM KODANAZ MD, A AYTEKIN, 5710 REINHARDT DR, 66205-3322 0 90201550695 28 M 90201 70 OO KOPPERS MD, LAWRENCE E, 5555 W 58TH ST, 66202-0000 432-2080 0 40 M 1902 66 END KOZIKOWSKI MD, BEN M, 9119 W 74TH ST #350, 66204-2203 362-8317 2834550477 30 M 2834 62 ORS KUBIN MD, DORIS A, 2504 W 71ST, 66208-0000 0 1902430446 15 F 1902 43 OO KUEBLER MD, KEVIN M, 9359 W 75TH ST, 66204-4000 341-0120 2101750658 50 M 2101 82 CDTS L'ECUYER MD, JOHN F, 8201 MISSION RD STE 261, 66208-0000 649-0923 0 60 M 3901 91 P LAMBERT MD, MICHAEL B, 9329 W 74TH ST, 66204-2232 831-2430 3901850827 58 M 3901 0 NEP	LOCKWOOD MD, TED E, 10600 QUIVIRA RD #470, 66215-2312 894-1070 1902710651 45 M 1902 91 PS LOTUACO MD, GAMALIEL G, 5520 COLLEGE BLVD #232, 66211-1600 491-6373 74801641184 41 M 0 0 PS LUND MD, STEPHEN B, PO BOX 2923, 66201-1323 676-2214 2604731529 47 M 2604 89 EM MALLORY MD, JOHN A, 10600 QUIVIRA RD STE 210, 66215-2311 541-3340 2803710476 43 M 2803 75 IM MANCINA MD, MICHAEL S J, 10550 QUIVIRA RD STE 360, 66215-0000 599-2222 2604772675 46 M 2604 89 CD MANTZ MD, FRANK A, 9309 W 103RD, 66212-5503 0 4101380691 12 M 4101 61 OO MARTIN MD, MELANIE A, 8901 W 74TH ST #390, 66204-2253 236-6455 1902651166 58 F 1902 89 OBG MASTERS MD, FRANCIS W, 6738 RAINBOW, 66208-2264 0 3545450321 20 M 3545 58 OO MATHEWS MD, ROBERT M, 10308 METCALF/MAIL SERV INC, 66212-0000 0 1902540608 25 M 1902 54 OO MAXWELL MD, ROBERT A, 8901 W 74TH ST #10, 66204-2291 362-1660 19027307741 46 M 1902 75 PD
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MCCUNE MD, MARK A, 10600 QUIVIRA RD STE 430, 66215-2312 541-3230 1902770883 52 M 1902 81 D	NELSON MD, BRYAN C, 8800 W 75TH ST #220, 66204-4001 384-5500 1902752508 50 M 1902 78 PD
MCEACHEN MD, WILLIAM H, 3700 W 83RD STE 102, 66208-5120 649-3335 1902590575 32 M 1902 60 PD	NEUBAUER MD, MARCUS A, 12000 W 110TH ST #400, 66210-0000 469-8023 1902881138 61 M 1902 89 ON
MOODATIIMO BARRADA A TEOGRAMIA AVE COCCO 1751	NORTON NO MENNETH A COOK WITHTH OF HOOK COOK COK
MCGRATH MD, BARBARA A, 7509 NALL AVE, 66208-4751 381-5544 4109750889 49 F 4109 86 PS	NORTON MD, KENNETH A, 8901 W 74TH ST #333, 66204-2248 262-9311 1902752532 50 M 1902 86 IM
MCGUIRE MD, THOMAS H, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 1902560731 32 M 1902 0 OBG	NOSTI MD, JUAN C, 8901 W 74TH ST #345, 66204-2289 262-5014 13204630083 38 M 13204 72 PS
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MCMURRAY MD, LAURA J, 10550 QUIVIRA RD STE 410, 66215-2304 541-0990 1902831220 57 F 1902 0 OBG	NOTHNAGEL MD, ARNOLD F, 9936 EDELWEISS CIR, 66203-4613 0 1902390398 15 M 1902 39 OO
MIGLIAZZO MD, CARL V, 7504 ANTIOCH RD, 66204-2622	NYE MD, C ERIK, 9119 W 74TH ST #350, 66204-2203
341-3100 2803790763 49 M 2803 85 OPH	362-8317 3520650571
49 M 2803 85 OPH	39 M 3520 78 ORS
MILLER MD, F LANCE, 12301 W 106TH ST #200, 66215-2292	O'CONNELL MD, DAVID M, 5520 COLLEGE BLVD STE 370, 66211-0000
492-1111 1902742316	469-0110 1902821399
48 M 1902 77 PD	56 M 1902 93 D
MILLIGAN MD, DONALD B, 11497 W 95TH, 66214-0000	O'CONNELL MD, SARA S, 7504 ANTIOCH, 66204-2622
588-1937 2307740632	341-3100 1902842086
48 M 2307 75 FP	57 F 1902 92 OPH
MILLS MD DRIAN O DO DOV 2000 CC204 2000	OLCONIND THOMAS II DOOD W TATH ST HAD COODA DOOD
MILLS MD, BRIAN G, PO BOX 2923, 66204-2923 676-2679 0	OLSON MD, THOMAS H, 8901 W 74TH ST #10, 66204-2291 362-1660 3005791030
61 M 1902 92 AN	54 M 3005 84 PD
01 III 100E 3E 701	54 W 5000 51 TB
MINGLE MD, RALPH R, 9119 W 74TH ST #150, 66204-2201	OWENS MD, DAVID B, 10600 QUIVIRA RD #440, 66215-2312
362-5510 1902801274	492-1844 3006760634
54 M 1902 81 FP	50 M 3006 83 OBG
MIDADILE ND LANEO 10001 IN 1007 LOT 075 107 00015 0000	OVI 50 10 MD 1011N 5 0000 W 757U 075 000 00004 4004
MIRABILE MD, JAMES, 12301 W 106TH ST STE 107, 66215-0000 541-0333 2846880821	OXLER JR MD, JOHN E, 8800 W 75TH STE 300, 66204-4001 722-4240 1902720894
58 M 2846 92 OBG	46 M 1902 74 IM
00 III 2040 02 0B0	10 11 1002 77
MISKEW MD, DON B W, 9119 W 74TH STE 350, 66204-3005	PARDO MD, MANUEL P, 6507 SENECA RD, 66208-1719
362-8317 6506690020	588-6464 74801623291
42 M 6506 80 ORS	35 M 74801 73 P
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622
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MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS
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MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315 491-3242 3006600360	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202 362-1525 3005490455
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202
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MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315 491-3242 3006600360 34 M 3006 70 PD MURPHY MD, JAY W, 7301 FRONTAGE RD STE 200, 66204-1654 722-0080 3840733016 49 M 3840 74 CD	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202 362-1525 3005490455 26 F 3005 52 FP PENTECOST MD, RICHARD L, 6620 RIGGS, 66202-4121 0 1001560626 32 M 1001 65 OO
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MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315 491-3242 3006600360 34 M 3006 70 PD MURPHY MD, JAY W, 7301 FRONTAGE RD STE 200, 66204-1654 722-0080 3840733016 49 M 3840 74 CD MURRAY MD, W LEE, 10648 W 87TH ST, 66214-0000 599-2888 1902610614 35 M 1902 78 OPH NAUER MD, PAULA L, 8340 MISSION RD #101, 66206-1362 341-0775 1902742324 49 F 1902 78 FP NAVICKAS MD, LEONARD A, 9119 W 74TH ST #150, 66204-2201 362-5510 1902771057 53 M 1902 78 FP NAZARIO MD, LILIANA E, 10100 W 119TH STE 275, 66213-0000 491-1616 1902851301 57 F 1902 87 FP	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202 362-1525 3005490455 26 F 3005 52 FP PENTECOST MD, RICHARD L, 6620 RIGGS, 66202-4121 0 1001560626 32 M 1001 65 OO PERRY MD, MARK A, PO BOX 29194, 66201-9194 599-6777 0 60 M 2802 91 R PETELIN MD, JOSEPH B, 9119 W 74TH ST #255, 66204-2202 432-5420 1902761043 49 M 1902 81 GPVS PETERS MD, ERIC A, 5701 W 119TH ST #209, 66209-1635 661-9980 1902881227 62 M 1902 93 IM PETERSEN MD, GERALD D, 4121 W 83RD ST #254, 66208-5303 648-3911 1902600635 30 M 1902 66 IM
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MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315 491-3242 3006600360 34 M 3006 70 PD MURPHY MD, JAY W, 7301 FRONTAGE RD STE 200, 66204-1654 722-0080 3840733016 49 M 3840 74 CD MURRAY MD, W LEE, 10648 W 87TH ST, 66214-0000 599-2888 1902610614 35 M 1902 78 OPH NAUER MD, PAULA L, 8340 MISSION RD #101, 66206-1362 341-0775 1902742324 49 F 1902 78 FP NAVICKAS MD, LEONARD A, 9119 W 74TH ST #150, 66204-2201 362-5510 1902771057 53 M 1902 78 FP NAZARIO MD, LILIANA E, 10100 W 119TH STE 275, 66213-0000 491-1616 1902851301 57 F 1902 87 FP NEIBURGER MD, JAMES B, 5520 COLLEGE BLVD #110, 66211-1600 491-3300 1642720518	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202 362-1525 3005490455 26 F 3005 52 FP PENTECOST MD, RICHARD L, 6620 RIGGS, 66202-4121 0 1001560626 32 M 1001 65 OO PERRY MD, MARK A, PO BOX 29194, 66201-9194 599-6777 0 60 M 2802 91 R PETELIN MD, JOSEPH B, 9119 W 74TH ST #255, 66204-2202 432-5420 1902761043 49 M 1902 81 GPVS PETERS MD, ERIC A, 5701 W 119TH ST #209, 66209-1635 661-9980 1902881227 62 M 1902 93 IM PETERSEN MD, GERALD D, 4121 W 83RD ST #254, 66208-5303 648-3911 1902600635 30 M 1902 66 IM PETERSON MD, ILA M, 10550 QUIVIRA RD 5TH FL, 66215-0000 541-5230 4501752075
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315 491-3242 3006600360 34 M 3006 70 PD MURPHY MD, JAY W, 7301 FRONTAGE RD STE 200, 66204-1654 722-0080 3840733016 49 M 3840 74 CD MURRAY MD, W LEE, 10648 W 87TH ST, 66214-0000 599-2888 1902610614 35 M 1902 78 OPH NAUER MD, PAULA L, 8340 MISSION RD #101, 66206-1362 341-0775 1902742324 49 F 1902 78 FP NAVICKAS MD, LEONARD A, 9119 W 74TH ST #150, 66204-2201 362-5510 1902771057 53 M 1902 78 FP NAZARIO MD, LILIANA E, 10100 W 119TH STE 275, 66213-0000 491-1616 1902851301 57 F 1902 87 FP NEIBURGER MD, JAMES B, 5520 COLLEGE BLVD #110, 66211-1600	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202 362-1525 3005490455 26 F 3005 52 FP PENTECOST MD, RICHARD L, 6620 RIGGS, 66202-4121 0 1001560626 32 M 1001 65 OO PERRY MD, MARK A, PO BOX 29194, 66201-9194 599-6777 0 60 M 2802 91 R PETELIN MD, JOSEPH B, 9119 W 74TH ST #255, 66204-2202 432-5420 1902761043 49 M 1902 81 GPVS PETERS MD, ERIC A, 5701 W 119TH ST #209, 66209-1635 661-9980 1902881227 62 M 1902 93 IM PETERSEN MD, GERALD D, 4121 W 83RD ST #254, 66208-5303 648-3911 1902600635 30 M 1902 66 IM PETERSON MD, ILA M, 10550 QUIVIRA RD 5TH FL, 66215-0000
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315 491-3242 3006600360 34 M 3006 70 PD MURPHY MD, JAY W, 7301 FRONTAGE RD STE 200, 66204-1654 722-0080 3840733016 49 M 3840 74 CD MURRAY MD, W LEE, 10648 W 87TH ST, 66214-0000 599-2888 1902610614 35 M 1902 78 OPH NAUER MD, PAULA L, 8340 MISSION RD #101, 66206-1362 341-0775 1902742324 49 F 1902 78 FP NAVICKAS MD, LEONARD A, 9119 W 74TH ST #150, 66204-2201 362-5510 1902771057 53 M 1902 78 FP NAZARIO MD, LILIANA E, 10100 W 119TH STE 275, 66213-0000 491-1616 1902851301 57 F 1902 87 FP NEIBURGER MD, JAMES B, 5520 COLLEGE BLVD #110, 66211-1600 491-3300 1642720518 46 M 1642 75 A	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202 362-1525 3005490455 26 F 3005 52 FP PENTECOST MD, RICHARD L, 6620 RIGGS, 66202-4121 0 1001560626 32 M 1001 65 OO PERRY MD, MARK A, PO BOX 29194, 66201-9194 599-6777 0 60 M 2802 91 R PETELIN MD, JOSEPH B, 9119 W 74TH ST #255, 66204-2202 432-5420 1902761043 49 M 1902 81 GPVS PETERS MD, ERIC A, 5701 W 119TH ST #209, 66209-1635 661-9980 1902881227 62 M 1902 93 IM PETERSEN MD, GERALD D, 4121 W 83RD ST #254, 66208-5303 648-3911 1902600635 30 M 1902 66 IM PETERSON MD, ILA M, 10550 QUIVIRA RD 5TH FL, 66215-0000 541-5230 4501752075 50 F 4501 89 PATH
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315 491-3242 3006600360 34 M 3006 70 PD MURPHY MD, JAY W, 7301 FRONTAGE RD STE 200, 66204-1654 722-0080 3840733016 49 M 3840 74 CD MURRAY MD, W LEE, 10648 W 87TH ST, 66214-0000 599-2888 1902610614 35 M 1902 78 OPH NAUER MD, PAULA L, 8340 MISSION RD #101, 66206-1362 341-0775 1902742324 49 F 1902 78 FP NAVICKAS MD, LEONARD A, 9119 W 74TH ST #150, 66204-2201 362-5510 1902771057 53 M 1902 78 FP NAZARIO MD, LILIANA E, 10100 W 119TH STE 275, 66213-0000 491-1616 1902851301 57 F 1902 87 FP NEIBURGER MD, JAMES B, 5520 COLLEGE BLVD #110, 66211-1600 491-3300 1642720518 46 M 1642 75 A NEIGHBOR MD, ERNEST H, 8612 REINHARDT LANE, 66206-1455	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202 362-1525 3005490455 26 F 3005 52 FP PENTECOST MD, RICHARD L, 6620 RIGGS, 66202-4121 0 1001560626 32 M 1001 65 OO PERRY MD, MARK A, PO BOX 29194, 66201-9194 599-6777 0 60 M 2802 91 R PETELIN MD, JOSEPH B, 9119 W 74TH ST #255, 66204-2202 432-5420 1902761043 49 M 1902 81 GPVS PETERS MD, ERIC A, 5701 W 119TH ST #209, 66209-1635 661-9980 1902881227 62 M 1902 93 IM PETERSEN MD, GERALD D, 4121 W 83RD ST #254, 66208-5303 648-3911 1902600635 30 M 1902 66 IM PETERSON MD, ILA M, 10550 QUIVIRA RD 5TH FL, 66215-0000 541-5230 4501752075 50 F 4501 89 PATH PFUETZE MD, BRUCE L, 11725 W 112TH, 66210-0000
MOFFAT MD, ROBERT E, PO BOX 29194, 66201-9194 599-6777 1902680680 42 M 1902 69 DR MORITZ MD, RICK S, 12316 NIEMAN RD, 66213-2124 371-4343 1902781320 54 M 1902 81 DR MORONEY MD, JEAN M, 9531 PERRY LN, 66212-0000 0 4107650356 25 F 4107 68 OO MUEHLBERGER MD, JAMES J, 4601 W 109TH STE 314, 66211-1315 491-3242 3006600360 34 M 3006 70 PD MURPHY MD, JAY W, 7301 FRONTAGE RD STE 200, 66204-1654 722-0080 3840733016 49 M 3840 74 CD MURRAY MD, W LEE, 10648 W 87TH ST, 66214-0000 599-2888 1902610614 35 M 1902 78 OPH NAUER MD, PAULA L, 8340 MISSION RD #101, 66206-1362 341-0775 1902742324 49 F 1902 78 FP NAVICKAS MD, LEONARD A, 9119 W 74TH ST #150, 66204-2201 362-5510 1902771057 53 M 1902 78 FP NAZARIO MD, LILIANA E, 10100 W 119TH STE 275, 66213-0000 491-1616 1902851301 57 F 1902 87 FP NEIBURGER MD, JAMES B, 5520 COLLEGE BLVD #110, 66211-1600 491-3300 1642720518 46 M 1642 75 A	PARR MD, CATHERINE, 10550 QUIVIRA RD STE 410, 66215-0000 541-0990 1902771146 52 F 1902 80 OBG PATTERSON MD, JOHN R, 5317 CHADWICK RD, 66205-2622 0 1902480362 20 M 1902 48 OO PAZELL MD, JOHN A, 12210 W 87TH PKY #120, 66215-0000 541-0509 2501661247 40 M 2501 73 ORS PEARCE MD, LUNETTA M, 9119 W 74TH ST #208, 66204-2202 362-1525 3005490455 26 F 3005 52 FP PENTECOST MD, RICHARD L, 6620 RIGGS, 66202-4121 0 1001560626 32 M 1001 65 OO PERRY MD, MARK A, PO BOX 29194, 66201-9194 599-6777 0 60 M 2802 91 R PETELIN MD, JOSEPH B, 9119 W 74TH ST #255, 66204-2202 432-5420 1902761043 49 M 1902 81 GPVS PETERS MD, ERIC A, 5701 W 119TH ST #209, 66209-1635 661-9980 1902881227 62 M 1902 93 IM PETERSEN MD, GERALD D, 4121 W 83RD ST #254, 66208-5303 648-3911 1902600635 30 M 1902 66 IM PETERSON MD, ILA M, 10550 QUIVIRA RD 5TH FL, 66215-0000 541-5230 4501752075 50 F 4501 89 PATH

PFUETZE MD, KARL D, 10550 QUIVIRA RD STE 510, 66215-2305	RICK JR MD, GREGORY G, 8901 W 74TH ST #372, 66204-2200
492-6200 1902660832 40 M 1902 67 CD	831-9300 1902660867 40 M 1902 67 GE
PHILLIPS MD, WARREN G, 8201 MISSION #261, 66208-5212 649-0923 1902600643	RIDGWAY MD, LEAH D, 9119 W 74TH ST STE 300, 66204-0000 677-3113 0
26 M 1902 63 P	62 F 4804 92 OBG
PILCHARD MD, WILLIAM A, 8901 W 74TH ST #285, 66204-2287 362-3210 1602650436	RIEKHOF MD, PAUL L, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803650627
39 M 1602 72 OPH	40 M 2803 0 OBG
PINGLETON MD, WILLIAM W, 8901 W 74TH STE 348, 66204-2203	RIFFEL MD, LAWRENCE D, 10600 QUIVIRA RD STE 210, 66215-2311
432-8000 3901670675 42 M 3901 0 PUD	541-3340 1902781567 53 M 1902 81 IM
PIPPIN MD, LYNNE K, 17409 W 66TH TER, 66217-9734	ROBERTSON MD, EDWARD J, 10540 BARKLEY #70, 66212-1842
281-8400 35207720036 48 F 35207 72 AN	676-2479 1902761124 46 M 1902 78 AN
PITTS MD, RONALD L, 8901 W 74TH ST #330, 66204-2286	ROBINSON MD, DAVID W, 7930 BRISTOL CT, 66208-5220
362-2524 2002620831	0 4101380985
35 M 2002 72 D	14 M 4101 40 OO
PORTO JR MD, ANTHONY F, 10550 QUIVIRA RD STE 120, 66215-2302 894-9125 3006750604	ROBINSON MD, JOHN D, 10540 BARKLEY #70, 66212-1842 268-0500 1902741743
50 M 3006 85 ENT	48 M 1902 75 AN
POWELL MD, CAROL W, 8216 CHEROKEE CIR, 66206-1130	ROPE MD, DOUGLAS M, 11100 ASH STE 200, 66211-1764
381-3785 1902510652 25 F 1902 51 P	491-6311 1902751111 50 M 1902 92 IM
POWELL MD, KENNETH A, 8216 CHEROKEE CIR, 66206-1130 381-3785 1902530688	ROSENBERG MD, STANTON L, 7301 MISSION RD STE 332, 66208-3005 362-8080 1902550972
25 M 1902 53 IM	30 M 1902 55 P
PRENDES MD, CARLOS A, 6540 W 95TH, 66212-1435	ROSENTHAL MD, RICHARD H, 8000 W 110TH ST #105, 66212-0000
381-5550 3005791099 50 M 3005 81 FP	469-1411 2846760281 50 M 2846 0 IM
PRICE MD, JAMES G, 12205 MOHAWK RD, 66209-2137	RUBIN MD, HERBERT M, 12301 W 106TH ST STE 200, 66215-2292
0 702510481	492-1111 2803630511
26 M 702 78 OO	37 M 2803 72 PD
PRONKO MD, MICHAEL J, 4121 W 83RD STE 223, 66208-5317	RYAN MD, MICHAEL E, 8800 W 75 #100, 66204-4001
648-7878 1902600660 34 M 1902 61 P	384-4200 1902720975 46 M 1902 73 N
PROUD MD, G ONEIL, 3721 W 87TH, 66206-1643	RYMER MD, ROBERT A, 8901 W 74TH ST #373, 66204-4096
0 2802390664 13 M 2802 50 OO	722-0170 702680581 41 M 702 80 OPH
QUIGLEY MD, JAMES, PO BOX 2923, 66201-1323 676-2340 2803771165	SATHYANARAYANA MD, SARASWATHI, 8901 W 74TH ST #20, 66204-2240 677-2281 49509670144
50 M 2803 84 PATH	45 F 0 76 OBG
RACELA JR MD, ANTONIO S, 10633 WIDMER RD, 66215-2071 541-5584 0	SAWKAR MD, LAXMIDAS A, 8901 W 74TH ST #312, 66204-2280 384-4844 49523660046
37 M 74802 0 PATH	36 M 49523 74 ON
RASMUSSEN MD, THOMAS J, 8800 W 75TH ST STE 350, 66204-4001	SAXER MD, JOHN J, 12902 STATE LINE, 66209-1649
362-0031 1902861374	451-4443 1643850997
REED JR MD, WILLIAM O, 8901 W 74TH ST #225, 66204-2258 831-2604 2803771131	SCHLICHTER MD, KIMBERLY A, 9119 W 74TH STE 268, 66204-2229 831-2334 2834821331
50 M 2803 83 ORS	56 F 1902 87 OBG
REVELS MD, HARRY, 5520 COLLEGE BLVD #201, 66211-1600	SCHREPFER MD, ROSEMARY, 6401 ENSLEY LN, 66208-1933
491-3737 2834560855 31 M 2834 92 OPH	0 1902470553 22 F 1902 47 OO
REYNOLDS MD, MICHAEL G, 8701 W 74TH ST STE 285, 66204-0000	SCHROLL MD, JOHN T, 8901 W 74TH ST #248, 66204-2281
362-3210 0	384-4990 1902761213
61 M 1902 92 OPH	51 M 1902 77 OBG
RICE MD, BERNARD F, 8901 W 74TH ST #125, 66204-2285 262-9222 4113560989	SCHWARTZ MD, ANDREW M, 9359 W 75TH ST, 66204-4000 341-0120 1002811711
31 M 4113 79 END	54 M 1002 90 TS
RICHARDSON II D O, LESTER E, PO BOX 2923, 66201-2923	SCLAR MD, WILLIAM C, 10600 QUIVIRA RD STE 400, 66215-2312
676-2214 3875830201 53 M 3875 90 EM	541-3240 2501721720 46 M 2501 79 GS
RICHARDSON MD, JAY L, 10550 QUIVIRA RD #230, 66215-2307 541-8346 1902650748	SHAAD MD, DOROTHY J, 2322 W 51ST, 66205-2010 0 1902441341
38 M 1902 66 GS	9 F 1902 44 OO
RICHTER MD, DON G, 10540 BARKLEY STE 70, 66212-1842	SHAFFER MD, KATHLEEN B, 8800 W 75TH ST #220, 66204-4001
268-0500 1902761116 50 M 1902 79 AN	384-5500 2846790031 54 F 2846 82 PD

SHERIDAN MD, RANDY M, 8901 W 74TH ST #390, 66204-2253	TAYLOR MD, THOMAS F, 13347 W 105TH ST, 66215-0000
236-6455 1902781681 53 M 1902 81 OBG	0 1902530858 26 M 1902 53 OO
SHIMSHAK MD, KAREN S, 8901 W 74TH ST STE 373, 66204-0000 722-6668 0	TAYLOR MD, THOMAS L, 8901 W 74TH ST #34, 66204-2278 362-9444 1902661031
59 F 5606 0 PDO	40 M 1902 67 GS
SIFERS MD, TIMOTHY M, 8901 W 74TH ST #356, 66204-2203	TENNY MD, ROBERT T, 8901 W 74TH ST #200, 66204-2202
677-2508 1902741760 48 M 1902 75 GS	831-0000 1902761361 51 M 1902 81 NS
SILVER MD, BRADD J, 7301 FRONTAGE RD #100, 66204-1654	THOMAS MD, MARTY H, 10600 QUIVIRA RD STE 320, 66215-2311
432-2280 1205760811	541-3200 1902790931
50 M 1205 77 IM	51 F 1902 84 OBG
SIMON MD, STEVEN M, 5701 W 110TH, 66211-2504	THOMPSON MD, MICHAEL F, 10550 QUIVIRA RD STE 260, 66215-2303
491-2440 30501830310 47 M 30501 84 PM	541-0577 3005791323 53 M 3005 89 GE
SIMONE MD, JOSEPH N, 8901 W 74TH ST #235, 66204-2287	THOMPSON MD, ROBERT F, 4601 W 109TH ST STE 320, 66211-1315
362-3210 1902831670	339-6665 2803850995
49 M 1902 87 OPH	58 M 2803 90 OTO
SINCLAIR MD, RICHARD H, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 0	THOMSEN MD, GARY, 9119 W 74TH ST #150, 66204-2201 362-5510 3005762722
37 M 2834 75 OBG	51 M 3005 77 FP
SMITH MD, DALE C, 10232 FOSTER ST, 66212-0000	TOALSON MD, WILLIAM B, 7301 FRONTAGE RD STE 200, 66204-1654
0 1902450668 20 M 1902 45 OO	722-0080 1902630836 37 M 1902 64 CD
SMITH MD, DONALD J, 6841 WOODSON, 66204-1544 384-9040 1902490635	TOWLE MD, DANA R, 5701 W 119TH STE 237, 66209-3724 451-8567
18 M 1902 49 FP	59 M 2834 90 PS
SMITH MD, MARGARET H, 10600 QUIVIRA RD STE 320, 66215-2311	TREMPY MD, GREGORY A, 10540 BARKLEY STE 70, 66212-0000
541-3200 1902840725 58 F 1902 0 OBG	676-2479 1902861790 59 M 1902 93 AN
CMITH MD WILLIAM D DO DOV 20104 20201 0104	TRETBAR MD, LAWRENCE L, 8901 W 74TH ST #300, 66204-2277
SMITH MD, WILLIAM P, PO BOX 29194, 66201-9194 599-6777 1902771405	677-1776 1902600881
51 M 1902 79 R	33 M 1902 67 GS
SNODELL MD, FIRMIN E, 5555 W 58TH ST, 66202-1999	TROMBOLD MD, JANNA S, 5701 W 119 #430, 66209-3722
432-2080 1902610754 31 M 1902 62 IM	338-1818 4812901830 50 F 4812 93 IM
SNOW JR MD, ARTHUR D, PO BOX 7004, 66207-7004	TUCKER MD, SHERIDAN G, 7299 W 98TH TER STE 150, 66212-6183
469-1730 1902752800	341-5800 1902752940
	50 M 1902 77 CHP
SPITTLER MD, LEO J, 10550 QUIVIRA RD, 66215-1000 541-5384 0	TYSON MD, MARY M, 8800 W 75TH #220, 66204-0000 384-5500 3901880912
50 M 3005 83 DR	58 F 3901 92 PD
STASS-ISERN MD, MERRILL, 10550 QUIVIRA RD #335, 66215-2308	VALK MD, WILLIAM L, 5401 W 81ST, 66208-4926
888-1888 84706770011 50 F 84706 78 PDO	0 2501370790 9 M 2501 46 OO
	3 10 2301 40
STEINZEIG MD, SHERMAN M, 4407 W 71ST, 66208-3500	
0 1902520640	VANNAMAN MD, DONALD D, 10600 QUIVIRA RD STE 330, 66215-2312 541-3300 1902711135
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323
0 1902520640 25 M 1902 52 OO	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760 491-5501 2803800980 54 M 2803 89 A WALKER MD, JACK D, 7903 W 118TH TER, 66210-2570
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760 491-5501 2803800980 54 M 2803 89 A
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203 432-1100 1606711197 45 M 1606 77 NS	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760 491-5501 2803800980 54 M 2803 89 A WALKER MD, JACK D, 7903 W 118TH TER, 66210-2570 0 1902530912 22 M 1902 53 OO
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203 432-1100 1606711197 45 M 1606 77 NS STUCKEY MD, CHARLES E, 10600 QUIVIRA RD STE 350, 66215-2312 541-3377 3005680815	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760 491-5501 2803800980 54 M 2803 89 A WALKER MD, JACK D, 7903 W 118TH TER, 66210-2570 0 1902530912 22 M 1902 53 OO WANG MD, SIDNEY W, 7315 FRONTAGE RD #115, 66204-1658 722-2020 38503570049
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203 432-1100 1606711197 45 M 1606 77 NS STUCKEY MD, CHARLES E, 10600 QUIVIRA RD STE 350, 66215-2312	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760 491-5501 2803800980 54 M 2803 89 A WALKER MD, JACK D, 7903 W 118TH TER, 66210-2570 0 1902530912 22 M 1902 53 OO WANG MD, SIDNEY W, 7315 FRONTAGE RD #115, 66204-1658
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203 432-1100 1606711197 45 M 1606 77 NS STUCKEY MD, CHARLES E, 10600 QUIVIRA RD STE 350, 66215-2312 541-3377 3005680815 41 M 3005 80 GS SUGAR MD, ROBERT L, 8901 W 74TH ST #248, 66204-2281	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760 491-5501 2803800980 54 M 2803 89 A WALKER MD, JACK D, 7903 W 118TH TER, 66210-2570 0 1902530912 22 M 1902 53 OO WANG MD, SIDNEY W, 7315 FRONTAGE RD #115, 66204-1658 722-2020 38503570049 32 M 38503 70 FP WAXMAN MD, DAVID, 12516 W 85TH TER, 66215-2858
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203 432-1100 1606711197 45 M 1606 77 NS STUCKEY MD, CHARLES E, 10600 QUIVIRA RD STE 350, 66215-2312 541-3377 3005680815 80 GS	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760 491-5501 2803800980 54 M 2803 89 A WALKER MD, JACK D, 7903 W 118TH TER, 66210-2570 0 1902530912 22 M 1902 53 OO WANG MD, SIDNEY W, 7315 FRONTAGE RD #115, 66204-1658 722-2020 38503570049 32 M 38503 70 FP
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203 432-1100 1606711197 45 M 1606 77 NS STUCKEY MD, CHARLES E, 10600 QUIVIRA RD STE 350, 66215-2312 541-3377 3005680815 41 M 3005 80 GS SUGAR MD, ROBERT L, 8901 W 74TH ST #248, 66204-2281 384-4990 3508661401 40 M 3508 72 OBG	541-3300 1902711135 43 M 1902 72 PD VODONICK MD, DAVID S, PO BOX 2923, 66201-1323 676-2214 1902801584 50 M 1902 90 EM WALD MD, JEFFREY A, 4500 COLLEGE BLVD STE 200, 66211-5760 491-5501 2803800980 54 M 2803 89 A WALKER MD, JACK D, 7903 W 118TH TER, 66210-2570 0 1902530912 22 M 1902 53 OO WANG MD, SIDNEY W, 7315 FRONTAGE RD #115, 66204-1658 722-2020 38503570049 32 M 38503 70 FP WAXMAN MD, DAVID, 12516 W 85TH TER, 66215-2858 588-1227 3515500358 18 M 3515 70 IM
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0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203 432-1100 1606711197 45 M 1606 77 NS STUCKEY MD, CHARLES E, 10600 QUIVIRA RD STE 350, 66215-2312 541-3377 3005680815 41 M 3005 80 GS SUGAR MD, ROBERT L, 8901 W 74TH ST #248, 66204-2281 384-4990 3508661401 40 M 3508 72 OBG SULLIVAN JR MD, HENRY B, 5817 NIEMAN RD #320, 66203-2894	541-3300
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203 432-1100 1606711197 45 M 1606 77 NS STUCKEY MD, CHARLES E, 10600 QUIVIRA RD STE 350, 66215-2312 541-3377 3005680815 41 M 3005 80 GS SUGAR MD, ROBERT L, 8901 W 74TH ST #248, 66204-2281 384-4990 3508661401 40 M 3508 72 OBG SULLIVAN JR MD, HENRY B, 5817 NIEMAN RD #320, 66203-2894 631-6160 1902520666 24 M 1902 52 FP SULLIVAN MD, TOM G, 10600 QUIVIRA RD STE 320, 66215-2311	541-3300
0 1902520640 25 M 1902 52 OO STITES MD, SANDRA R, 10600 QUIVIRA RD STE 320, 66215-2311 541-3200 2803860940 60 F 2803 90 OBG STRICKLAND MD, JOHN T, 8901 W 74TH ST #32, 66204-2254 831-1003 2803840965 58 M 2803 89 U STRIEBINGER MD, CHARLES M, 9119 W 74TH ST STE 260, 66204-2203 432-1100 1606711197 45 M 1606 77 NS STUCKEY MD, CHARLES E, 10600 QUIVIRA RD STE 350, 66215-2312 541-3377 3005680815 41 M 3005 80 GS SUGAR MD, ROBERT L, 8901 W 74TH ST #248, 66204-2281 384-4990 3508661401 40 M 3508 72 OBG SULLIVAN JR MD, HENRY B, 5817 NIEMAN RD #320, 66203-2894 631-6160 1902520666 24 M 1902 52 FP	541-3300

WHITEHEAD 362-8317		RICHARI 25015816		19 W 7	74TH ST #	350,	66204-220	3
31	M	250			65		ORS	
WHITFIELD 722-0080	MD,	STEVEN S 19028219		FRON	TAGE RD	STE	200, 6620	4-1654
56	M	190)2		0		CD	
WHITLEY MI 491-3376	D, DO	OUGLAS N 19026009		W 109	9TH STE 2	202, 6	6211-1314	
34	M	190			61		D	
WIEGHARD 676-2214		C MICHAE 17207928		BOX 2	923, 6620	1-132	23	
54	M	1720/920			90		EM	
WIGGINTON 384-5500	DO	, GERALD 28787000		00 W 7	'5TH ST #2	220, 6	6204-4001	
44	M	287			73		PD	
WILEY MD,				HST#	268, 6620	4-220	2	
831-2334 37	M	41136311 411			70		OBG	
WILLIAMS M				QUIV	IRA RD ST	ΓE 22	0, 66215-2	303
894-4111 36	M	19026209			63		FP	
WILSON MD	, RO	BERT B, 6	5117 W	119TF	H APT 3318	8, 662	209-3703	
0 19	0240 M	0601 190)2		40		00	
WILSON MD	. SLO	DAN J. 56	18 W 62	2ND. 6	6202-3531			
	0236 M				36		00	
WINCHESTE						86215		
541-5275		70276124	17	QUIN		00213	PD	
48	M	702			90			
WOHLER MI)/IH I		5-000		
46	M	390)1		85		FP	
WOLKOFF N 0 41		STARK, 9 0718	5304 W	83RD	TER, 662	07-17	705	
21	M	410	9		65		00	
WOOD MD, 831-2604	FRE	M, 8901 47066205		H ST #	‡225, 6620	4-225	58	
38	M	470			80		ORS	
WURSTER N 649-0923		3. RICHAP		1 MISS	SION #261	, 662	08-5212	
35	M	190			62		Р	
YEOMANS N 345-1400		19026709		W 109	TH, 66211	-1303	3	
40	M	19026709			68		OBG	
YOHE MD, F				l, 6621	12-3201			
383-3377 26	F	41075404 410			59		PDA	
YOUNG MD,	JOH	IN W, 911	9 W 74	TH ST	#306, 662	04-22	203	
432-0001 37	М	47066304 470			72		PS	
YOUNGLOV	Е МГ) HAL 10	550 QU	IIVIRA	RD STF 4	10 6	6215-2304	
541-0990 50	M	30057523	379		89	,	OBG	
YUT JR MD,	JOS	EPH P. P	O BOX	29194	66201-91	94		
469-8998 57	M	16028310	58	_0.04	85		DR	
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42	M	230)7		78		PS	

SMITH CENTER — 913 (Central Kansas Medical Society)

BARNES MD, JOE L, PO BOX 285, 66967-0285 282-6834 1902820082 54 M 1902 89 FP

282-68 56		RILL R, PO BO 902860343 1902	X 285, 66967-02	285 GP
			W COURT, 669	G.,
0 21	19024506 M	1902	45	00

SOUTH HAVEN — 316 (Cowley County Medical Society)

UBELAKER MD, ERNEST J, PO BOX 197, 67140-0197 892-2261 1902380597 11 M 1902 38 F

SOUTH HUTCHINSON — 316 (Reno County Medical Society)

HANSON MD, DAVID C, 10 S MAIN ST, 67505-1508 669-6600 512731139 46 M 512 74 FP

SPRING HILL — 913 (Wyandotte County Medical Society)

GALLEHUGH MD, KEITH W, 14185 W 199TH ST, 66083-8952 0 1902570281 32 M 1902 57 OO

ST FRANCIS — 913 (Northwest Kansas Medical Society)

CRAM MD, ERNEST R, PO BOX 625, 67756-0625
0 1902520178
24 M 1902 52 OO

STEPHENSON MD, LUCILLE C, BOX 824, 67756-0824
0 1902320438
6 F 1902 32 OO

ST MARYS — 913 (Pottawatomie County Medical Society)

SEELEY MD, JAMES C, 503 E HIGHWAY 24, 66536-0000 437-2256 1902640785 34 M 1902 65 GP

STAFFORD — 316 (Ninnescah Medical Society)

FARMER III D.O., F J, PO BOX 309, 67578-0309 234-6826 2878790688 52 M 2878 80 F

STERLING — 316 (Rice County Medical Society)

DYSART MD, JACK C, 224 N 4TH, 67579-1930 0 1601390201 12 M 3901 41 OC SIMPSON MD, TOM C, 239 N BROADWAY, 67579-1916 278-2123 1902731071 47 M 1902 74 FP

STILLWELL — 913 (Johnson County Medical Society)

ARMBRUSTER MD, ALBERT A, 3540 W 199, 66085-9258 0 512550045 17 M 512 58 OC

STOCKTON — 913 (Central Kansas Medical Society)

MAUCK MD, HAROLD C, 14 HILLCREST DR, 67669-1203 0 1902540616 20 M 1902 54 OO VOTAPKA MD, WILLIAM L, PO BOX 538, 67669-0538 0 1902530904 24 M 1902 53 OO

SYRACUSE — 316 (Southwest Kansas Medical Society)

ALTER MD, BRUCE R, PO BOX 749, 67878-0749
384-7350 64927820020
43 M 3607 0 FF

PETTERSON MD, CECIL E, PO BOX 1045, 67878-1045
384-5731 1902390436
14 M 1902 39 FF

TONGANOXIE — 913 (Douglas County Medical Society)

STEVENS MD, PHILIP L, BOX 319, 66086-0319
845-2090 1902540918
27 M 1902 54 FP

TOPEKA — 913 (Shawnee County Medical Society)

ALIFIMOFF MD, JAMES K, 823 SW MULVANE 2A, 66606-0000 235-3451 4112 91 ALLEN MD, JAMES E, 2947 SW WANAMAKER DR, 66614-5322 273-2552 1902720037 46 M 1902 73 ALLEN MD, TIMOTHY E, 823 SW MULVANE, 66606-1679 234-3451 1902761817 49 M 1902 AMARANENI MD, PRASUNAMBA G, PO BOX 829, 66606-9603 273-7500 0 54 F 49550 91 ARJUNAN MD, K N, 634 SW MULVANE ST #202, 66606-1678 232-3555 49514700051 44 M 49568 NS ARTZER MD, DENNIS C, 901 GARFIELD, 66606-1670 354-9591 1902760055 51 M 1902 0 ARUNAKUL MD, PUNYA, 1710 SW 10TH AVE, 66604-1340 234-2624 89102690622 44 M 89104 80 89104 ASHLEY JR MD, B JOHN, 1616 SW 8TH, 66606-1990 233-2280 1902560048 31 M 1902 OPH ASHLEY MD, BYRON J, 3222 PLASS, 66611-2058 1902240019 0 1902 98 00

ASHLEY MD, THOMAS J, 1616 SW 8TH ST, 66606-1634 233-2280 1902840083 58 M 1902 88 OPH ATWOOD D O, ERIC B, BOX 829, 66601-0829 273-7500 2878860562 58 M 2878 87 ATWOOD MD, MICHAEL D., 901 GARFIELD, 66606-1670 354-0570 1902820040 56 M 1902 AVERILL MD, STUART C, PO BOX 829, 66601-0829 273-7500 502520041 24 M 502 BAIR MD, GLENN O, 1125 SW GAGE #C, 66604-1774 273-3900 2401570066 31 M 2401 BAKER MD. PHILLIP L. 909 MULVANE, 66606-1682 357-0301 3005630061 37 M 3005 3005 63 ORS BAKER MD, RAY D, 4430 MARLBORO RD, 66610-0000 0 4812550051 30 M 4812 67 BARABAN MD, MARC R, 823 SW MULVANE STE 200, 66606-1679 357-5325 2846750030 50 M 2846 BARNETT MD, ROBERT E, 823 SW MULVANE ST STE 280, 66606-1679 235-0202 2802820031 57 M 2802 84 BASSETT MD, PAUL M, 1500 SW 10TH AVE, 66604-1301 354-6100 1902770077 52 M 1902 80 EN BAUM MD, CURTIS A, 823 SW MULVANE ST 4TH FL, 66606-1679 345-9591 1902830193 57 M 1902 84 BECK MD, JOSEPH D, 2760 SW BURLINGAME RD, 66611-1314 0 3005430118 18 3005 BEDFORD MD, D R, PO BOX 4927, 66604-0927 4802400140 M 4802 46 BEELMAN MD, FLOYD C, 7220 SW ASBURY DR APT 1-210, 66614-0000 0 3840350079 2 M 3840 36 BELLOWS-BLAKELY MD, DAVID S, PO BOX 829, 66601-0829 273-7500 1902770123 51 M 1902 BLEIBERG MD, EFRAIN, PO BOX 829, 66601-0829 273-7500 64902760057 51 M 64930 78 BONEBRAKE MD, C RICHARD, 634 SW MULVANE ST STE 104, 66606-1678) 1606750184 M 295-5330 BOREL MD, DAVID, 1700 SW 7TH ST, 66606-1690 295-8473 1902710104 45 M 1902 BORGE MD, CARLOS A, 823 SW MULVANE ST STE 275, 66606-1679 233-7138 64903770064 54 M 64914 88 BOWEN JR MD, HARRY J, 1900 SW PEMBROOK LN, 66604-3263 0 1902370087 1902 37 BOWEN MD, CLOVIS W, 900 SW 31ST ST #320, 66611-2196 0 1902370079 12 M 1902 BOWEN MD, JUDITH M, PO BOX 829, 66601-0829 273-7500 4720820035 55 F 4720 84 BOYER MD, DEBORAH A, 1700 W 7TH, 66606-1674 295-8448 3006830101 58 F 3006 89 ΔN

BRANDSTED MD, MARK W, 1001 SW GARFIELD AVE, 66604-1368 233-4256 1902761647	CONROW MD, JEFFREY K, 823 SW MULVANE, 66606-1679
49 M 1902 78 U	354-9591 1902770328 52 M 1902 0 IM
BRAUN MD, ROBERT W, 823 SW MULVANE 4TH FL, 66606-1679	COOLEY MD, DENNIS M, 3500 SW 6TH STE B, 66606-2806
354-9591 2803700063	235-0335 1902770336
44 M 2803 76 IM	51 M 1902 79 PD
BRIDWELL MD, RUSSELL E, 4715 W CEDAR CREST, 66606-2213 0 1902510075	COOLIDGE MD, THOMAS T, BOX 4321, 66604-0321 291-7000 1902590150
26 M 1902 51 OO	33 M 1902 60 GS
BRODSKY MD, TRINA A, 634 SW MULVANE STE 104, 66606-1678	COON MD, STEPHEN D, 1700 SW 7TH ST, 66606-1674 295-8008 1902830479
295-5330 1401840415 53 F 1401 0 OBG	56 M 1902 85 RO
BRUCE MD, KAREN E, 631 SW HORNE STE 340, 66606-0000	COPPLE JR MD, HAL E, 4100 SW 15TH ST, 66604-4333
234-0880 5404870132 60 F 5404 92 FP	273-8224 3005780232 46 M 3005 84 PNP
BRUNER JR MD, KENNETH W, 1125 SW GAGE BLVD #B, 66604-1797	COTTON MD, ROBERT T, 7520 OXFORDSHIRE RD, 66614-4654
271-6164 2401701373 44 M 2401 74 D	0 1902450161 19 M 1902 45 OO
BURNETT D O, MICHAEL E, 901 SW GARFIELD, 66606-0000 354-9591 0	COULON MD, GERARD, 1700 SW 7TH ST, 66606-0000 295-8090 49550790032
55 M 2879 0 PUD	53 M 2101 90 EM
BUSKIRK MD, JAMES R, PO BOX 829, 66601-0829 273-7500 2604763056	COX MD, MICHAEL R, 831 SW MULVANE, 66606-0000 354-9591 1902901953
40 M 2604 0 P	63 M 1902 O IM
CACHIA MD, RICHARD M, 1700 SW 7TH ST, 66606-1690	CRARY MD, JOHN E, 2310 SW MAYFAIR PL, 66611-2054
295-8472 62701730017 51 M 62701 78 PATH	0 1902430250 18 M 1902 43 OO
CAMPBELL MD, ROBERT P, 1500 W 10TH AVE, 66604-0000	CROUCH MD, STEVEN W, 4100 SW 15TH ST, 66604-4333
354-4900 0 50 M 4002 0 OM	273-8224 1902760365 51 M 1902 77 PD
CARNEY MD, LISA A, 4100 SW 15TH ST, 66604-4333	CROUCH MD, WILLIAM H, 5333 SW REEDER ST, 66604-2097
273-8224 1902890200	0 2802450217
62 F 1902 0 PD	20 M 2802 51 OO
CASHMAN JR MD, MAURICE R, 823 SW MULVANE STE 400, 66606-1679 354-9591 1902610151	CURTIS MD, JEFFERY L, 901 GARFIELD, 66606-1670 354-9591 1902810192
35 M 1902 66 ON	55 M 1902 82 CD
CASTEEN MD, JOHN A, 901 SW GARFIELD AVE, 66606-1695 354-9591 0	DAMMON JR MD, JAMES W, 833 SW GARFIELD AVE, 66606-2701 233-1690 4812820422
60 M 1902 88 CD	56 M 4812 89 CDTS
CHALLA MD, SHEKHAR K, 2200 SW 6TH #104, 66606-1707 354-8518 49557790062	DATTILO MD, RAYMOND, 634 MULVANE STE 203, 66606-1678
56 M 49521 87 GE	233-9643 55002820110 55 M 55002 88 CD
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670
56 M 49521 87 GE	233-9643 55002820110 55 M 55002 88 CD
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 A 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216	233-9643 55002820110 55 M 55002820110 DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 A 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216 0 1902580197 29 M 1902 58 OO COHEN MD, LOUIS, 823 MULVANE STE 385, 66606-1679	233-9643 55002820110 55 M 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678 357-0352 2501620389 37 M 2501 74 ORS DELGADO MD, SERGIO V, PO BOX 829, 66601-0829
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216 0 1902580197 29 M 1902 58 OO	233-9643 55002820110 55 M 55002820110 DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678 357-0352 2501620389 37 M 2501 74 ORS
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216 0 1902580197 29 M 1902 58 OO COHEN MD, LOUIS, 823 MULVANE STE 385, 66606-1679 233-7175 1902410101 14 M 1902 41 IM COKER MD, W LAURENCE, 901 SW GARFIELD AVE, 66606-1670	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678 357-0352 2501620389 37 M 2501 74 ORS DELGADO MD, SERGIO V, PO BOX 829, 66601-0829 273-7500 64902810011 57 M 64902 82 P DESAI MD, SAMIR R, 2200 SW 6TH #104, 66606-0000
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216 0 1902580197 29 M 1902 58 OO COHEN MD, LOUIS, 823 MULVANE STE 385, 66606-1679 233-7175 1902410101 14 M 1902 41 IM	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678 357-0352 2501620389 37 M 2501 74 ORS DELGADO MD, SERGIO V, PO BOX 829, 66601-0829 273-7500 64902810011 57 M 64902 82 P
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216 0 1902580197 29 M 1902 58 OO COHEN MD, LOUIS, 823 MULVANE STE 385, 66606-1679 233-7175 1902410101 14 M 1902 41 IM COKER MD, W LAURENCE, 901 SW GARFIELD AVE, 66606-1670 354-0570 1902780366 53 M 1902 81 FP	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678 357-0352 2501620389 37 M 2501 74 ORS DELGADO MD, SERGIO V, PO BOX 829, 66601-0829 273-7500 64902810011 57 M 64902 82 P DESAI MD, SAMIR R, 2200 SW 6TH #104, 66606-0000 354-8518 49589850067
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56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216 0 1902580197 29 M 1902 58 OO COHEN MD, LOUIS, 823 MULVANE STE 385, 66606-1679 233-7175 1902410101 14 M 1902 41 IM COKER MD, W LAURENCE, 901 SW GARFIELD AVE, 66606-1670 354-0570 1902780366 53 M 1902 81 FP COLLINS MD, DEAN T, PO BOX 829, 66601-0829 0 1902550239 28 M 1902 55 OO	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678 357-0352 2501620389 37 M 2501 74 ORS DELGADO MD, SERGIO V, PO BOX 829, 66601-0829 273-7500 64902810011 57 M 64902 82 P DESAI MD, SAMIR R, 2200 SW 6TH #104, 66606-0000 354-8518 49589850067 62 M 49589 0 IM DONEPUDI MD, RAO S, 1700 W 7TH, 66606-1674 295-8448 49550740132 49 M 49550 82 AN
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216 0 1902580197 29 M 1902 58 OO COHEN MD, LOUIS, 823 MULVANE STE 385, 66606-1679 233-7175 1902410101 14 M 1902 41 IM COKER MD, W LAURENCE, 901 SW GARFIELD AVE, 66606-1670 354-0570 1902780366 53 M 1902 81 FP COLLINS MD, DEAN T, PO BOX 829, 66601-0829 0 1902550239 28 M 1902 55 OO COLLINS MD, EDWARD J, 900 WASHBURN, 66606-1653 233-3242 1611710344	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678 357-0352 2501620389 37 M 2501 74 ORS DELGADO MD, SERGIO V, PO BOX 829, 66601-0829 273-7500 64902810011 57 M 64902 82 P DESAI MD, SAMIR R, 2200 SW 6TH #104, 66606-0000 354-8518 49589850067 62 M 49589 0 IM DONEPUDI MD, RAO S, 1700 W 7TH, 66606-1674 295-8448 49550740132 49 M 49550 82 AN DUNIVEN MD, PHILIP L, 823 SW MULVANE, 66606-1679 234-3451 4812770425
CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678 357-0352 2501620389 37 M 2501 74 ORS DELGADO MD, SERGIO V, PO BOX 829, 66601-0829 273-7500 64902810011 57 M 64902 82 P DESAI MD, SAMIR R, 2200 SW 6TH #104, 66606-0000 354-8518 49589850067 62 M 49589 0 IM DONEPUDI MD, RAO S, 1700 W 7TH, 66606-1674 295-8448 49550740132 49 M 49550 82 AN DUNIVEN MD, PHILIP L, 823 SW MULVANE, 66606-1679 234-3451 4812770425 52 M 4812 81 R
56 M 49521 87 GE CHEN MD, CHU-CHI, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405730037 47 M 24405 81 U CHEN MD, TAK-MING, 823 SW MULVANE #230, 66606-1679 235-3451 24405680161 41 M 24402 76 AN CHERRY JR MD, ARTHUR C, 3500 SW 6TH ST, 66606-1905 235-0335 3806530114 27 M 3806 58 PD CLARK MD, CRAIG N, 300 SE NORWOOD, 66607-2216 0 1902580197 29 M 1902 58 OO COHEN MD, LOUIS, 823 MULVANE STE 385, 66606-1679 233-7175 1902410101 14 M 1902 41 IM COKER MD, W LAURENCE, 901 SW GARFIELD AVE, 66606-1670 354-0570 1902780366 53 M 1902 81 FP COLLINS MD, DEAN T, PO BOX 829, 66601-0829 0 1902550239 28 M 1902 55 OO COLLINS MD, EDWARD J, 900 WASHBURN, 66606-1653 233-3242 1611710344	233-9643 55002820110 55 M 55002 88 CD DAUGHETY MD, TED W, 901 GARFIELD, 66606-1670 354-9591 4812740267 49 M 4812 86 IM DAVIS MD, CHESTER R, 1710 SW 10TH AVE #101, 66604-1365 232-6020 1902751889 50 M 1902 76 FP DE SILVA MD, MAHASEN T, 823 MULVANE STE 275, 66606-1679 233-7138 22001680068 43 M 22001 0 P DELGADO MD, SERGIO, 634 MULVANE STE 100, 66606-1678 357-0352 2501620389 37 M 2501 74 ORS DELGADO MD, SERGIO V, PO BOX 829, 66601-0829 273-7500 64902810011 57 M 64902 82 P DESAI MD, SAMIR R, 2200 SW 6TH #104, 66606-0000 354-8518 49589850067 62 M 49589 0 IM DONEPUDI MD, RAO S, 1700 W 7TH, 66606-1674 295-8448 49550740132 49 M 49550 82 AN DUNIVEN MD, PHILIP L, 823 SW MULVANE, 66606-1679 234-3451 4812770425

EATON MD, EDWARD L, 823 MULVANE STE 275, 66606-1679	GERNON MD, CROSBY L, 823 SW MULVANE RM 1, 66606-0000
233-7138	234-3451 0 62 M 1902 0 R
EBELING MD, JOHN D, 634 SW MULVANE STE 202, 66606-0000	GIESSEL MD, MICHAEL D, 823 MULVANE 4TH FL, 66606-1679
232-3555 3901850428	354-9591 1902740364
EDDS MD, BRECK A, 634 SW MULVANE ST #104, 66606-1678 295-5330 1902840547	GIMPLE MD, KENNETH, 631 HORNE STE 200, 66606-1663 233-7491 1902710406
56 M 1902 88 OBG	45 M 1902 78 ORS
EINSPAHR MD, DAVID E, 823 MULVANE 4TH FL, 66606-1679 354-9591 3005801990	GIROUX MD, GUY M, 1700 W 7TH, 66606-1674 295-8440 3006840336
54 M 3005 87 ON	57 M 3006 0 AN
ELDER MD, D MIKEL, 823 SW MULVANE, 66606-1679	GLEASON MD, JIMMIE A, 800 LINCOLN, 66606-1515
234-3451 1902690294 41 M 1902 73 DR	233-5101 1902580332 33 M 1902 60 OBG
ENGELKEN MD, MICHAEL K, 631 SW HORNE, 66606-0000	GOERING MD, EMIL L, 1946 W 8TH ST, 66606-0000
234-0880 0 55 M 1902 0 FP	0 1902570329 27 M 1902 57 OO
EVANS MD, JOHN F, 1500 SW 10TH STE 2-N, 66606-1301 354-5952 2803700225	GOULD MD, JILL C, 533 SW DANBURY LN, 66606-0000 273-9549 0
42 M 2803 71 OBG	42 F 1902 0 PATH
FAIRCHILD MD, RICHARD S, 901 GARFIELD, 66606-1670 354-9591 1902742120	GRAYIB MD, ANTOINE S, 1625 OAKLEY, 66604-2664 0 60501460055
48 M 1902 0 END	18 M 60501 58 OO
FARMER MD, SUSAN E, 5847 SW 29TH, 66614-0000	GREENBERG MD, MARK G, 823 SW MULVANE, 66606-1679
273-7292 0 58 F 5107 94 P	234-3451 1611720633 46 M 1611 76 R
FEAGAN MD, JERRY H, 2200 SW 6TH, 66606-1707	GREENE MD, RUSSELL E, 1700 SW 7TH ST, 66606-0000
233-3555 1902630216 39 M 1902 64 GE	295-8008 515790187 53 M 515 83 TR
FEIFAREK MD, MICHAEL J, 900 SW WASHBURN, 66606-1653	GUTOVITZ MD, ALLEN L, 634 SW MULVANE ST STE 203, 66606-1678
235-3322 5605820338	233-9643 1611720668
50 M 5605 0 OPH	46 M 1611 79 CD
FIELD MD, RICHARD A, 823 SW MULVANE #230, 66606-1679 235-3451 1902550387	HACKER MD, ELAINE M, 3026 QUAIL CREEK DR, 66614-4132 0 2604500250
29 M 1902 55 AN	25 F 2604 78 OO
FIELD-KRESIE MD, DEBBIE A, 800 SW LINCOLN ST, 66606-1598 233-5101 1902850488	HAGGERTY III MD PHD, JESSE C, 631 SW HORNE STE 340, 66606-2727 234-0880 1205870454
59 F 1902 88 OBG	55 M 1205 92 FP
FLATT MD, DAVID R, 901 GARFIELD, 66606-0000	HALL MD, ROY P, 634 SW MULVANE ST STE 402, 66606-1678
354-9591 1803750374 45 M 1803 0 CD	295-5310 5107850432 59 M 5107 88 FP
FRANKLIN JR MD, BENJAMIN A, 823 SW MULVANE. 66606-1679	HALLEY MD, M MARTIN, 901 SW GARFIELD AVE 2ND FL, 66606-1670
234-3451 1902760497 45 M 1902 77 B	233-1710 2401530579 27 M 2401 59 TS
FRYE MD, DOUGLAS D, 1130 N KANSAS AVE, 66608-0000 345-8637 702820375	HAMILTON JR MD, JAMES J, 823 SW MULVANE ST STE 220, 66606-1679 232-0444 1902810346
53 M 702 91 OM	55 M 1902 87 GPVS
GABBARD MD, GLEN O, PO BOX 829, 66601-0829 273-7500 1601750950	HANSEN MD, ERIC E, 1504 SW 8TH ST, 66606-2714 235-6600 64935840242
49 M 1601 76 P	51 M 64935 90 PM
GANDHI MD, SHANTIKUMAR K, 833 SW GARFIELD AVE, 66606-2701	HARRIS MD, PATRICIA A, 1617 SW 26TH ST, 66611-1332
233-1690 49501650250 40 M 49501 78 TS	0 1902540446 29 F 1902 54 OO
GARDNER MD, J DOUGLAS, 823 SW MULVANE, 66606-1670	HARVEY MD, BRUCE E, 1500 SW 10TH AVE, 66604-1353
354-9591 1902760501 51 M 1902 78 RHU	354-6100 3005800616
GAY MD, JOHN D, 823 SW MULVANE, 66606-1679 234-3451 4802680452	HARVEY MD, R CLAY, 823 SW MULVANE ST, 66606-1679 234-3451 1902780773
42 M 4802 74 DR	52 M 1902 79 R
GEIS MD, DICK A, 1130 N KANSAS AVE, 66608-1670 354-8637 1902730407	HATCHER MD, ELIZABETH R, PO BOX 829, 66601-0829 273-7500 2301870658
47 M 1902 84 OM	45 F 2301 87 P
GEIST MD, MICHAEL J, 9544 SW 45TH ST, 66610-0000	HEBBAR MD, SATYA N, 634 SW MULVANE ST STE 203, 66606-1678
272-5588 1902850858 58 M 1902 0 GP	233-9643 49509630240 39 M 49509 74 CD
GENDEL MD, JOSEPH E, PO BOX 4127, 66604-0127	HEDEGAARD MD, CHERYL K, 634 SW MULVANE ST STE 104, 66606-1678
0 4804370205	295-5330 3005830574
12 M 4804 52 OO	46 F 3005 87 OBG

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HEEB MD, CAMILLE S., 631 SW HORNE, 66606-2806	KAVEL MD KADLK 1122 SW CACE DLVD 66604 1781
234-4624 1902790841	KAVEL MD, KARL K, 1123 SW GAGE BLVD, 66604-1781 273-9999 3605640248
44 F 1902 83 PD	36 M 3605 72 PDA
HILL MD, ROBERT N, 901 GARFIELD, 66606-1670	KELLY MD, DAN A, 4100 SW 15TH ST, 66604-4333
354-9591 1902670391	273-8224 2803640265
14 M 1902 68 IM	39 M 2803 69 PD
HIRSCHBERG MD, J COTTER, PO BOX 829, 66601-0829	VENNERY MR. JENNIEER E. DO ROY 820, 66604 0820
273-7500 1602400103	KENNEDY MD, JENNIFER E, PO BOX 829, 66601-0829 273-7500 4813820973
15 M 1602 52 CHP	57 F 4813 86 P
HISZCZYNSKYJ MD, ROMAN, 1500 SW 10TH AVE, 66604-1301	KEYS JR MD, ROBERT C, 823 SW MULVANE #230, 66606-1679
354-6031 1803660472	235-3451 1902620431
35 M 1803 70 PATH	36 M 1902 64 AN
HOBBS MD, DONALD D, 2858 PLASS, 66611-1630	KIM MD, YONG W, 631 HORNE STE 110, 66606-1663
0 2401540582	232-6964 58302490013
28 M 2401 63 OO	28 M 58302 61 IM
HOLMES MD, ROBERT W, 901 GARFIELD, 66606-1670	KINDLING MD, PAUL H, 901 SW GARFIELD AVE 2ND FL, 66606-1670
354-9591 1902770662	233-1710 3545610417
52 M 1902 80 IM	30 M 3545 68 TS
HOSTETTER MD, M MORGAN, 800 SW LINCOLN ST, 66606-1598	KIRKEGAARD MD, RODGER S, 2205 SW ARVONIA PL, 66614-4251
233-5101 1902691215	0 1803560451
46 F 1902 74 OBG	30 M 1803 64 OO
HOYT MD, ARTHUR W, 7300 SW KINGSWOOD CIR #5, 66614-4737	KLEINHOLZ JR MD, EMIL JOHN, 634 MULVANE #201, 66606-1678
0 2501400559	232-1227 3503650320
14 M 2501 55 OO	39 M 3503 79 IM
HSU MD, CHENG H, 1516 W 6TH, 66606-1696	KLEMMER MD, HERBERT, 1259 SW PEMBROKE LN, 66604-2532
232-1005 38504660173	0 4102370517
41 M 38502 74 U	11 M 4102 56 OO
HSU MD, SHIN-FU, 1001 SW GARFIELD AVE #203, 66604-1370	KNAPPENBERGER MD, KURT R, 631 HORNE STE 200, 66606-1663
232-0362 24402680209	233-7491 1902800651
43 M 24402 0 OTO	54 M 1902 88 ORS
HUANG MD, JONSON, 901 GARFIELD, 66606-1670	KOLB MD, LISA, 901 SW GARFIELD AVE, 66606-0000
354-0550 2701770474	354-9591 0
52 M 2701 81 N	60 F 2803 0 NEP
HUSTON MD, JOSEPH W, 634 MULVANE STE 200, 66606-0000	KOONTZ MD, JUDITH A, BOX 829, 66601-0829
357-0352 1902620393 35 M 1902 63 ORS	273-7500 1902750823 49 F 1902 81 CHP
35 M 1902 63 ONS	49 F 1902 81 CHP
HUTTON MD, FREDERICK A, 1400 PEMBROKE LN, 66604-2536	KOOSER MD, JUDITH A, 1700 SW 7TH ST, 66606-1674
232-5553 6701580417 29 M 6701 66 PS	295-8008 1601810308 47 F 1601 85 TR
ILORETA MD, ALFREDO T, 1516 W 6TH, 66606-1696	KOSSOY D O, ALLEN F, 901 GARFIELD, 66606-1670
232-1005 74801710429 47 M 74801 80 U	354-9591 2878810344 53 M 2878 0 A
ISAACSON MD, RICHARD N, 1001 SW GARFIELD AVE #301, 66604-1368 233-4256 2501750975	KOVARIK MD, ERNEST D, 620 SE MADISON STE 154, 66607-1118
233-4256 2501750975 48 M 2501 80 U	233-1800 3005640317 36 M 3005 71 OPH
JACKSON JR MD, DONALD H, 634 MULVANE #203, 66606-1678 233-9643 3515690424	KOWALSKI MD, STEPHEN F, 234 S KANSAS AVE, 66601-0000 232-7214 3901810876
40 M 3515 84 CD	55 M 3901 83 P
JACOBY II MD, ROBERT E, 901 SW GARFIELD, 66606-1670 354-0570 2307720461	KRESIE MD, RANDALL J, 631 HORNE STE 130, 66606-1663 233-0011 1902841055
46 M 2307 75 FP	58 M 1902 88 OPH
JENSEN MD, ROBERT D, 1500 SW 10TH AVE, 66604-1301 354-6031 3005790653	KROLL MD, HARRY G, 900 SW 31ST #335, 66611-2196 0 1602500337
53 M 3005 83 PATH	24 M 1602 57 OO
JONES MD, CLIFTON C, 823 MULVANE, 66606-1679 354-9591 1902810460	LACCHEO MD, MICHAEL L, 1119 SW GAGE BLVD, 66604-1782 271-6000 3840761192
55 M 1902 0 ID	51 M 3840 82 FP
IOGERIA ME PERMANA CON MINANE CET CON CONC.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
JOSEPH MD, BRIAN W, 823 MULVANE STE 275, 66606-1679 233-7138 35205610012	LAI MD, MAX G, 1710 SW 10TH AVE #200, 66604-1331 354-4465 24405720031
38 M 35205 74 CHP	45 M 24405 81 U
JOSS MD, CHARLES S, 1400 STRATFORD RD, 66604-2584	LANGUED OF MITCH A 1700 OW TTH OT 00000 1071
	LANG MD, CLAYTON A, 1700 SW 7TH ST, 66606-1674 295-8440 1902650497
0 1606400612 14 M 1606 40 OO	39 M 1902 88 AN
0 1606400612 14 M 1606 40 OO	39 M 1902 88 AN
0 1606400612 14 M 1606 40 OO JOYCE MD, G BERNARD, 900 SW 31ST APT 105, 66611-2194	39 M 1902 88 AN LAUNEY MD, WALTON S, 823 MULVANE, 66606-1679
0 1606400612 14 M 1606 40 OO JOYCE MD, G BERNARD, 900 SW 31ST APT 105, 66611-2194	39 M 1902 88 AN LAUNEY MD, WALTON S, 823 MULVANE, 66606-1679
0 1606400612 14 M 1606 40 OO JOYCE MD, G BERNARD, 900 SW 31ST APT 105, 66611-2194 0 1902440808 17 M 1902 44 OO	39 M 1902 88 AN LAUNEY MD, WALTON S, 823 MULVANE, 66606-1679 234-3451 4804752094 39 M 4804 81 R
0 1606400612 14 M 1606 40 OO JOYCE MD, G BERNARD, 900 SW 31ST APT 105, 66611-2194 0 1902440808	39 M 1902 88 AN LAUNEY MD, WALTON S, 823 MULVANE, 66606-1679 234-3451 4804752094
0 1606400612 14 M 1606 40 OO JOYCE MD, G BERNARD, 900 SW 31ST APT 105, 66611-2194 0 1902440808 17 M 1902 44 OO KATZ MD, JEROME B, BOX 829, 66601-0829	39 M 1902 88 AN LAUNEY MD, WALTON S, 823 MULVANE, 66606-1679 234-3451 4804752094 39 M 4804 81 R LEE MD, SONG DOW, 823 SW MULVANE #230, 66606-1679

LEE MD, SONG PING, 823 MULVANE STE 230, 66606-1679	MCKINNEY D O, SHARON L, 631 SW HORNE ST STE 220, 66606-166
233-6001 38502610462	354-1299 2878830124
34 M 38502 74 OTO	41 F 2878 0 PM
LEIFER MD, WILLIAM N, 1500 SW 10TH AVE, 66604-1301	MEIDINGER MD, RICHARD, 823 SW MULVANE STE 1, 66606-1679
354-6031 1902730652	234-3451 1902650594
47 M 1902 78 PATH	39 M 1902 66 DR
LEWER MR. 100ERN 1400 CM TOREWARD COOK COOK	MENNINGER ME DODERT O 4504 MIN 407 OT 00000 0000
LEIKER MD, JOSEPH, 1133 SW TOPEKA BLVD, 66629-0000 291-8448 1902740674	MENNINGER MD, ROBERT G, 1501 NW 1ST ST, 66606-0000 0 3545520493
48 M 1902 0 IM	22 M 3545 53 OO
1002 0 1111	LL 111 00 10 00
LENTZ MD, WILLIAM R, 2930 SW WANAMAKER DR STE 5, 666	MENNINGER MD, ROY W, BOX 829, 66601-0829
272-2332 1902530548	273-7500 3520510515
24 M 1902 53 FP	26 M 3520 62 P
LEDGE MD DETER C 000 MILL VANE 00000 4000	MENNINGER MD W WAI TED DO DOY 000 00001 0000
LEPSE MD, PETER S, 909 MULVANE, 66606-1682 357-0301 1803800932	MENNINGER MD, W WALTER, PO BOX 829, 66601-0829 273-7500 3520570526
57 M 1803 0 ORS	31 M 3520 59 P
LESSENDEN JR MD, C M, 1213 SW 29TH TER #COT2, 66611-2	
0 1902430454	233-9643 1902742189
18 M 1902 43 OO	49 M 1902 80 CD
LEVY MD, EDWIN Z, PO BOX 4311, 66604-0311	MHATRE MD, VIJAY R, 620 SE MADISON PO BOX 1979, 66601-1979
273-5610 1606540783	232-4248 49528740111
29 M 1606 59 P	49 M 49528 84 IM
LIESMANN MD, JEAN E, 901 SW GARFIELD, 66606-0000 354-9591 1902742286	MILLS JR MD, PHILIP E, 901 GARFIELD, 66606-1670 354-0550 1902640637
354-9591 1902742286 49 F 1902 77 IM	36 M 1902 65 N
45 1 1302 11 W	00 IVI 1002 00 IVI
LISTERMAN MD, JOHN C, PO BOX 239, 66629-0001	MITCHELL MD, ERIK K, 533 SW DANBURY LN, 66606-0000
291-8221 2803741045	273-9549 0
42 M 2803 83 FP	50 M 3515 0 PATH
LUDWIG MD, CAROL S, 634 SW MULVANE STE 402, 66606-00	00 MODLIN MD, HERBERT C, PO BOX 829, 66601-0829
295-5310 1902841322	273-7500 3005380366
57 F 1902 0 FP	13 M 3005 50 P
LUI MD, NASON, 1516 W 6TH, 66606-1696	MORRIS MD, MERLE D, 2800 MAC VICAR, 66611-1705
233-1747 1606770819 48 M 1606 83 GPVS	0 1902450455 21 M 1902 45 OO
48 W 1000 63 GFV3	21 W 1902 45 00
LYNCH MD, JOHN A, 909 MULVANE, 66606-1682	MORRISON MD, GRACE A, 800 SW LINCOLN ST, 66606-1598
357-0301 2834550591	233-5101 1902800871
357-0301 2834550591 30 M 2834 64 ORS	
30 M 2834 64 ORS	233-5101 1902800871 48 F 1902 81 OBG
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441 31 M 3005 58 OO
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441 31 M 3005 58 OO MUMFORD MD, JOSEPH E, 909 SW MULVANE, 66606-0000
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441 31 M 3005 58 OO MUMFORD MD, JOSEPH E, 909 SW MULVANE, 66606-0000 357-0301 0 59 M 1803 92 ORS
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441 31 M 3005 58 OO MUMFORD MD, JOSEPH E, 909 SW MULVANE, 66606-0000 357-0301 0 59 M 1803 92 ORS MURPHY MD, MICHAEL J, 901 SW GARFIELD AVE, 66606-1670 354-0570 3005830957
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441 31 M 3005 58 OO MUMFORD MD, JOSEPH E, 909 SW MULVANE, 66606-0000 357-0301 0 59 M 1803 92 ORS MURPHY MD, MICHAEL J, 901 SW GARFIELD AVE, 66606-1670 354-0570 3005830957
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600	233-5101 1902800871 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441 31 M 3005 58 OO MUMFORD MD, JOSEPH E, 909 SW MULVANE, 66606-0000 357-0301 0 59 M 1803 92 ORS MURPHY MD, MICHAEL J, 901 SW GARFIELD AVE, 66606-1670 354-0570 3005830957 57 M 3005 89 FP MYERS IV MD, PERCY C, 634 SW MULVANE STE 307, 66606-0000 295-8440 1902750866 46 M 1902 0 AN MYERS MD, JO ANN, 303 YORKSHIRE, 66606-0000 0 1902530602 28 F 1902 53 OO NABOURS MD, RICHARD D, 4228 W 29TH ST TER, 66614-2222 272-7190 1902541043
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 354-9591 1902831173 57 F 1902 0 IM	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 354-9591 1902831173 57 F 1902 0 IM MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679 233-0117 1902752389	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 354-9591 1902831173 57 F 1902 0 IM MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 354-9591 1902831173 57 F 1902 0 IM MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679 233-0117 1902752389 49 M 1902 80 ORS	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679 233-0117 1902752389	233-5101
30 M 2834 64 ORS MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 0 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679 233-0117 1902752389 49 M 1902 80 ORS MCELROY MD, ROBERT T, 823 MULVANE STE 220, 66606-1679	233-5101
MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 354-9591 1902831173 57 F 1902 0 IM MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679 233-0117 1902752389 49 M 1902 62 GS	233-5101 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441 31 M 3005 58 OO MUMFORD MD, JOSEPH E, 909 SW MULVANE, 66606-0000 357-0301 0 59 M 1803 92 ORS MURPHY MD, MICHAEL J, 901 SW GARFIELD AVE, 66606-1670 354-0570 3005830957 57 M 3005 89 FP MYERS IV MD, PERCY C, 634 SW MULVANE STE 307, 66606-0000 295-8440 1902750866 46 M 1902 0 AN MYERS MD, JO ANN, 303 YORKSHIRE, 66606-0000 0 1902530602 28 F 1902 53 OO NABOURS MD, RICHARD D, 4228 W 29TH ST TER, 66614-2222 272-7190 1902541043 27 M 1902 54 FP S-0000 NATHAN MD, WILLIAM A, PO BOX 829, 66601-0829 273-7500 3503720468 48 M 3503 0 CHP NEWTH D O, MARK S, 620 SE MADISON, 66607-0000 232-4248 2878780658 49 M 2878 92 GP
MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 354-9591 1902831173 57 F 1902 0 IM MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679 233-0117 1902752389 49 M 1902 80 ORS MCELROY MD, ROBERT T, 823 MULVANE STE 220, 66606-167 232-0444 1902610568 35 M 1902 62 GS MCGOVERN JR MD, JAMES L, 1700 W 7TH, 66606-0000	233-5101
MAGEE D O, RAYMOND D, 634 MULVANE, 66606-0000 295-5310 50 M 3979 0 FP MARPLES MD, BRADLEY W, 901 GARFIELD, 66606-1670 354-9591 1902831131 56 M 1902 86 IM MARTIN MD, JEFFERY L, 1700 W 7TH, 66606-0000 295-8090 1902781125 50 M 1902 0 EM MARTIN MD, WILLIAM O, 3643 YORKWAY, 66604-2511 0 1902440956 19 M 1902 44 OO MASSOTH MD, SUE V, PO BOX 829, 66601-0829 273-7500 1902861170 52 F 1902 0 P MCCABE MD, MAUREEN E, PO BOX 829, 66601-0000 273-7500 519760614 50 F 519 91 P MCCARTER MD, DUANE K, 2101 SW 10TH AVE, 66604-1407 233-8979 1902580600 26 M 1902 65 IM MCCARTHY MD, AILEEN C, 823 SW MULVANE STE 320, 6660 354-9591 1902831173 57 F 1902 0 IM MCCOY MD, MICHAEL T, 823 MULVANE #370, 66606-1679 233-0117 1902752389 49 M 1902 62 GS	233-5101 48 F 1902 81 OBG MORRISON MD, MICHAEL R, 800 SW LINCOLN ST, 66606-1598 233-5101 1902760985 50 M 1902 78 OBG MUELLER MD, ARNOLD V, 5043 SW CEDAR CREST, 66606-2219 0 3005570441 31 M 3005 58 OO MUMFORD MD, JOSEPH E, 909 SW MULVANE, 66606-0000 357-0301 0 59 M 1803 92 ORS MURPHY MD, MICHAEL J, 901 SW GARFIELD AVE, 66606-1670 354-0570 3005830957 57 M 3005 89 FP MYERS IV MD, PERCY C, 634 SW MULVANE STE 307, 66606-0000 295-8440 1902750866 46 M 1902 0 AN MYERS MD, JO ANN, 303 YORKSHIRE, 66606-0000 0 1902530602 28 F 1902 53 OO NABOURS MD, RICHARD D, 4228 W 29TH ST TER, 66614-2222 272-7190 1902541043 27 M 1902 54 FP S-0000 NATHAN MD, WILLIAM A, PO BOX 829, 66601-0829 273-7500 3503720468 48 M 3503 0 CHP NEWTH D O, MARK S, 620 SE MADISON, 66607-0000 232-4248 2878780658 49 M 2878 92 GP

NICHOLO AND JEEF C. OOSS OW WANAMAKED DD OTS D. COOM A COOM	DETTERCON MR. DENNIC C. 000 CW AND VANE OF 00000 4070
NICHOLS MD, JEFF S, 2955 SW WANAMAKER DR STE B, 66614-0000 271-8686 1902750891	PETTERSON MD, DENNIS C, 823 SW MULVANE ST, 66606-1679 234-3451 1902741981
44 M 1902 77 P	49 M 1902 76 R
NORA MD, JOSEPH T, 1504 SW 8TH, 66604-0000 232-8576 0	PFUETZE MD, ROBERT E, 1800 SW WESTWOOD DR, 66604-3280 0 1902350337
53 M 1002 92 PM	9 M 1902 35 OO
NORRIS MD, JOSIE A, 1412 SW 6TH, 66606-0000 232-6950 1902750904	PIERCE MD, DONALD R, 5035 SW 23RD ST, 66614-1407 0 5101490329
50 F 1902 0 GP	23 M 5101 50 OO
NORTHWAY MD, DANIEL P, 921 SW GARFIELD STE 3, 66606-1650	POLLY MD, RICHARD E, 909 SW MULVANE ST, 66606-1682
232-5999 1102740838 42 M 1102 0 P	357-0301 1803680899 42 M 1803 75 ORS
NOVOTNY MD, PETER C, PO BOX 829, 66601-0829	PORTER MD, ROBERT D, 901 SW GARFIELD AVE, 66606-1670
273-7500 15407550029 30 M 15407 63 P	354-9591 2802670527 41 M 2802 73 IM
O'CALLAGHAN MD, WILLIAM K, 901 GARFIELD, 66606-1670	POULTON MD, THOMAS J, 1700 SW 7TH ST, 66606-1674
354-9591 1002710834	295-8440 3840751707
45 M 1002 77 IM	50 M 3840 0 AN
O'KEEFE D O, CATHERINE M, 1700 W 7TH, 66606-0000 295-8090 4177771258	POWELL II MD, BENSON M, 113 SW WOODLAWN AVE, 66606-1240 0 1606490743
48 F 4177 0 EM	26 M 1606 55 OO
O'NEIL MD, ROBERT H, 901 GARFIELD, 66606-1670 354-9591 1902450544	POWELL MD, WILLIAM R, 2778 SW MACVICAR AVE, 66611-1703 0 1902540756
20 M 1902 45 IM	30 M 1902 54 OO
OWEN III MD, JAMES W, 823 SW MULVANE, 66606-1679	PRESTON MD, RALPH R, 5025 BRENTWOOD RD, 66606-2209
234-3451 2802790778 54 M 2802 83 DR	0 1902441243 19 M 1902 44 OO
PALMBERG MD, KENT E, 901 GARFIELD, 66606-1670	PROKOP MD, BRADFORD S, 920 SW WASHBURN AVE, 66606-1527
354-9591 1902742481 49 M 1902 76 IM	233-3900 1606570909 32 M 1606 61 OPH
PARKS MD, GILBERT R, 629 SE QUINCY STE 205, 66603-3927	RAINBOW-EARHART MD, KATHRYN A, 2916 KENTUCKY, 66605-1466
233-1786 4102731242 44 M 4102 76 P	0 4707480446 21 F 4707 63 OO
PARMAN MD, ROBERT D, 1213 SW 29TH TER #1, 66611-2700 0 1902540705	RAJU MD, A S PADMA, 1710 SW 10TH AVE #208, 66604-1337 234-3211 49509610052
27 M 1902 54 OO	39 M 49509 81 TS
PARR JR MD, HAROLD E, 4100 SW 15TH ST, 66604-4333 273-8224 1902821470	RAMSEY MD, BARTLETT W, 512 DANBURY LN, 66604-2230 0 1902500576
51 M 1902 0 PD	25 M 1902 50 OO
PARULKAR MD, DEEPAK S, 823 MULVANE L-L, 66606-1679 235-3451 49517720100	RANSDELL MD, EDGAR C, 800 SW LINCOLN ST, 66606-1598 233-5101 3005660598
49 M 49517 77 AN	41 M 3005 71 OBG
PASCUA MD, PERCIVAL G, BOX 829, 66601-0829	RANSOM MD, JAMES H, 1123 SW GAGE BLVD, 66604-1781
273-7500 74808621537 39 M 74808 80 IM	273-9999 1803620829 36 M 1803 67 A
PATEL MD, MAHENDRA N, 620 SE MADISON ST, 66607-1118	REINKING MD, VICTOR E, 4408 SW HOLLY LN, 66604-1933
232-4248 91708740042 48 M 91708 0 IM	0 1902520526 26 M 1902 52 OO
PATRICK MD, FRED E, 4100 SW 15TH ST, 66604-4333	REYMOND MD, RALPH D, 1700 SW 7TH ST, 66606-0000
273-8224 1902710848 45 M 1902 72 PD	295-8011 2301670853 37 M 2301 72 R
	RHOADS MD. JAMES P. 3768 SW WOODVIEW DR. 66610-0110
PAYNE MD, ROBERT R, 631 HORNE STE 200, 66606-1663 233-7491 1902550891	0 3520600671
29 M 1902 55 ORS	34 M 3520 67 OO
PENZLER MD, CINDY E, 631 HORNE STE 130, 66606-1663 233-0011 1902850429	RHOADS MD, JEFFREY P, 823 MULVANE 4TH FL, 66606-1679 354-9591 1902841519
59 F 1902 89 OPH	56 M 1902 85 IM
PERDUE II MD, W LANG, 631 SW HORNE ST STE 410, 66606-1663 234-6767 1902742197	RICCI MD, ROBERT L, 823 MULVANE STE 400, 66606-1679 354-9591 1902752656
49 M 1902 81 GS	50 M 1902 76 IM
	ROBINSON MD, DAVID B, 800 SW LINCOLN ST, 66606-1598
PETERSON MD, ROBERT L, 1500 SW 10TH AVE, 66604-1301	
PETERSON MD, ROBERT L, 1500 SW 10TH AVE, 66604-1301 354-6100 1902620679 36 M 1902 63 EM	233-5101 1902730954 47 M 1902 74 OBG
354-6100 1902620679 36 M 1902 63 EM PETERSON MD, VERNON J, 823 SW MULVANE ST, 66606-1679	233-5101 1902730954
354-6100 1902620679 36 M 1902 63 EM	233-5101 1902730954 47 M 1902 74 OBG
354-6100 1902620679 63 EM PETERSON MD, VERNON J, 823 SW MULVANE ST, 66606-1679 234-3451 512680542 73 R	233-5101 1902730954 47 M 1902 74 OBG ROCKEFELLER MD, JOHN D, 901 SW GARFIELD AVE, 66606-1670 354-9591 0 52 M 1902 0 IM
354-6100 1902620679 36 M 1902 63 EM PETERSON MD, VERNON J, 823 SW MULVANE ST, 66606-1679 234-3451 512680542	233-5101 1902730954 47 M 1902 74 OBG ROCKEFELLER MD, JOHN D, 901 SW GARFIELD AVE, 66606-1670 354-9591 0

ROSEN MD, DONALD E, PO BOX 829, 66601-0000	SHEU MD, W ERIC, 823 SW MULVANE 2-A, 66606-1679
273-7500 1902842175	235-3451 24350670072
56 M 1902 88 P	43 M 38505 82 AN
ROTERT MD, LARRY, 1001 SW GARFIELD AVE #301, 66604-1368	SIMPSON MD, WILLIAM S, 834 BUCHANAN, 66606-0829
233-4256 3005660636	0 6001480071
38 M 3005 77 U	24 M 6001 63 OO
	CONTRACT DURING DE CONTRACTOR
ROY MD, WILLIAM R, 6137 SW 38TH TER, 66610-1307	SISK MD, PHILLIP B, 823 SW MULVANE, 66606-1679
0 1606490786	234-3451 1803560869
26 M 1606 54 OO	32 M 1803 64 R
CANONET ME DOCENO ASSOCIATION OF A CONTRACTOR	OLAHOUTER IERRY 000 0W 40TH AVE 00040 4045
SANCHEZ MD, ROGELIO, 1516 W 6TH, 66606-1696	SLAUGHTER , JERRY, 623 SW 10TH AVE, 66612-1615
232-1005 64901610531	235-2383 0
31 M 64901 70 U	0 M 0 0
SARGENT MD, JOSEPH D, PO BOX 829, 66601-0829	CNAPP ND IACK W 888 CW MILL VANE 66606 1670
273-7500 2501581324	SNARR MD, JACK W, 823 SW MULVANE, 66606-1679 234-3451 6201650311
	41 M 6201 77 DR
32 M 2501 66 IM	41 W 0201 // DR
SAWYER MD, TIMOTHY T, 823 MULVANE, 66606-1679	SPANGLER MD, HENRY E, 901 GARFIELD, 66606-1670
354-9591 3901801214	354-9591 3005821311
54 M 3901 0 D	56 M 3005 86 IM
5 5 5	
SAYLOR MD, EDWARD H, 3500 SW 6TH, 66606-2806	SPENCER MD, WAYNE E, 2200 SW 6TH, 66606-1707
235-0335 1902650799	233-9686 1902640840
39 M 1902 66 PD	38 M 1902 65 GE
SAYLOR MD, MARK, 1710 SW 10TH AVE #208, 66604-1337	STEIN MD, JOSEPH M, 901 GARFIELD, 66606-1670
234-3211 1902660948	354-0550 3519471069
37 M 1902 67 GS	24 M 3519 56 N
SAYLOR MD, STEPHEN, 901 SW GARFIELD AVE, 66606-1670	STOCK MD, KARL W, 2740 BURLINGAME RD, 66611-1314
354-0570 1902731039	0 2834370975
47 M 1902 74 FP	13 M 2834 44 OO
SCAMMAN MD, W WIKE, 2715 SW 29TH ST #C, 66614-2044	STUART MD, REGINA K, 823 MULVANE STE 220, 66606-1679
272-0122 4705570367	232-0444 2401851448
32 M 4705 64 PATH	59 F 2401 0 GPVS
COLLECTION DO INVESTMENT AND ARROWS AND ARROWS	CUELNE MACUELE COOR CHI CTIL 11404 COORS 4707
SCHAETZEL D O, WILLIAM P, 1500 SW 10TH AVE, 66604-0000	SUFI MD, M ASHRAF, 2200 SW 6TH #104, 66606-1707
354-6967 1875810029 DATIL	354-8518 70402680189
53 M 1875 89 PATH	43 M 70402 77 GE
SCHLOESSER MD, HARVEY L, 1914 WARNER CT, 66604-3267	SUFI MD, QAISER A, 2200 SW 6TH STE 104, 66606-0000
0 3901510538	354-8518 70402680294
	44 F 70402 77 PATH
21 M 3901 55 00	
21 M 3901 55 OO	44 F 70402 // PATH
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0 3901490405	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0 3901490405	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785
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SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785 57 M 1902 89 IM SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301 354-6963 3005861313 59 M 3005 0 PATH TAGUE MD, RICK R, 1700 W 7TH, 66606-0000 233-7863 2101841297 58 M 2101 92 EM TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301 354-5959 51701560446 32 M 51701 88 PDC TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829 273-7500 57203600145 32 M 57211 75 P TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204 0 40710490181 15 M 40710 59 OO TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424 0 4802480721 21 M 4802 53 OO TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679 354-9591 1902831807 57 M 1902 0 IM TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785 57 M 1902 89 IM SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301 354-6963 3005861313 59 M 3005 0 PATH TAGUE MD, RICK R, 1700 W 7TH, 66606-0000 233-7863 2101841297 58 M 2101 92 EM TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301 354-5959 51701560446 32 M 51701 88 PDC TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829 273-7500 57203600145 32 M 57211 75 P TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204 0 40710490181 15 M 40710 59 OO TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424 0 4802480721 21 M 4802 53 OO TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679 354-9591 1902831807 57 M 1902 0 IM TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679 234-3451 1606671012
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785 57 M 1902 89 IM SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301 354-6963 3005861313 59 M 3005 0 PATH TAGUE MD, RICK R, 1700 W 7TH, 66606-0000 233-7863 2101841297 58 M 2101 92 EM TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301 354-5959 51701560446 32 M 51701 88 PDC TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829 273-7500 57203600145 32 M 57211 75 P TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204 0 40710490181 15 M 40710 59 OO TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424 0 4802480721 21 M 4802 53 OO TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679 354-9591 1902831807 57 M 1902 0 IM TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679 234-3451 1606671012
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785 57 M 1902 89 IM SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301 354-6963 3005861313 59 M 3005 0 PATH TAGUE MD, RICK R, 1700 W 7TH, 66606-0000 233-7863 2101841297 58 M 2101 92 EM TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301 354-5959 51701560446 32 M 51701 88 PDC TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829 273-7500 57203600145 32 M 57211 75 P TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204 0 40710490181 15 M 40710 59 OO TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424 0 4802480721 21 M 4802 53 OO TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679 354-9591 1902831807 57 M 1902 0 IM TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679 234-3451 1606671012 42 M 1606 72 R
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785 57 M 1902 89 IM SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301 354-6963 3005861313 59 M 3005 0 PATH TAGUE MD, RICK R, 1700 W 7TH, 66606-0000 233-7863 2101841297 58 M 2101 92 EM TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301 354-5959 51701560446 32 M 51701 88 PDC TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829 273-7500 57203600145 32 M 57211 75 P TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204 0 40710490181 15 M 40710 59 OO TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424 0 4802480721 21 M 4802 53 OO TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679 354-9591 1902831807 57 M 1902 0 IM TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679 234-3451 1606671012 42 M 1606 72 R THOMAS MD, GEORGE E, 3206 TOPEKA BLVD STE J, 66611-0000
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785 57 M 1902 89 IM SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301 354-6963 3005861313 59 M 3005 0 PATH TAGUE MD, RICK R, 1700 W 7TH, 66606-0000 233-7863 2101841297 58 M 2101 92 EM TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301 354-5959 51701560446 32 M 51701 88 PDC TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829 273-7500 57203600145 32 M 57211 75 P TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204 0 40710490181 15 M 40710 59 OO TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424 0 4802480721 21 M 4802 53 OO TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679 354-9591 1902831807 57 M 1902 0 IM TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679 234-3451 1606671012 42 M 1606 72 R THOMAS MD, GEORGE E, 3206 TOPEKA BLVD STE J, 66611-0000 266-2240 0
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785 57 M 1902 89 IM SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301 354-6963 3005861313 59 M 3005 0 PATH TAGUE MD, RICK R, 1700 W 7TH, 66606-0000 233-7863 2101841297 58 M 2101 92 EM TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301 354-5959 51701560446 32 M 51701 88 PDC TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829 273-7500 57203600145 32 M 57211 75 P TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204 0 40710490181 15 M 40710 59 OO TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424 0 4802480721 21 M 4802 53 OO TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679 354-9591 1902831807 57 M 1902 0 IM TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679 234-3451 1606671012 42 M 1606 72 R THOMAS MD, GEORGE E, 3206 TOPEKA BLVD STE J, 66611-0000 266-2240 0 44 M 5104 0 PATH THOMS MD, NORMAN W, 901 SW GARFIELD AVE 2ND FL, 66606-1670
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785 57 M 1902 89 IM SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301 354-6963 3005861313 59 M 3005 0 PATH TAGUE MD, RICK R, 1700 W 7TH, 66606-0000 233-7863 2101841297 58 M 2101 92 EM TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301 354-5959 51701560446 32 M 51701 88 PDC TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829 273-7500 57203600145 32 M 57211 75 P TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204 0 40710490181 15 M 40710 59 OO TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424 0 4802480721 21 M 4802 53 OO TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679 354-9591 1902831807 57 M 1902 0 IM TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679 234-3451 1606671012 42 M 1606 72 R THOMAS MD, GEORGE E, 3206 TOPEKA BLVD STE J, 66611-0000 266-2240 0 44 M 5104 0 PATH
SCHLOESSER MD, PATRICIA T, 1914 WARNER CT, 66604-3267 0	SUNDBYE MD, KEVIN R, 901 GARFIELD, 66606-1670 354-9591 1902831785 57 M 1902 89 IM SYNOVEC MD, MARK S, 1500 SW 10TH, 66604-1301 354-6963 3005861313 59 M 3005 0 PATH TAGUE MD, RICK R, 1700 W 7TH, 66606-0000 233-7863 2101841297 58 M 2101 92 EM TAHERNIA MD, CYRUS, 1500 SW 10TH, 66604-1301 354-5959 51701560446 32 M 51701 88 PDC TAKAHASHI MD, TETSURO, PO BOX 829, 66601-0829 273-7500 57203600145 32 M 57211 75 P TARGOWNIK MD, KARL K, 1218 SW 10TH AVE, 66604-1204 0 40710490181 15 M 40710 59 OO TARNOWER MD, WILLIAM, 2112 CREST DR, 66614-1424 0 4802480721 21 M 4802 53 OO TEETER MD, SCOTT M, 823 SW MULVANE ST #330, 66606-1679 354-9591 1902831807 57 M 1902 0 IM TEMPERO MD, STEPHEN J, 823 SW MULVANE ST, 66606-1679 234-3451 1606671012 42 M 1606 72 R THOMAS MD, GEORGE E, 3206 TOPEKA BLVD STE J, 66611-0000 266-2240 0 44 M 5104 0 PATH THOMS MD, NORMAN W, 901 SW GARFIELD AVE 2ND FL, 66606-1670

THURSTON MD, DAVID E, 631 HORNE ST STE 200, 66606-1663	WARRICK MD, DAVID A, 620 SE MADISON PO BOX 1979, 66601-1979
233-7491 1902551138 29 M 1902 55 ORS	232-4248 3843760596 49 M 3843 79 IM
TIETZE MD, DENNIS D, 634 SW MULVANE ST STE 402, 66606-1678	WATKINS MD, STEVEN C, 901 GARFIELD, 66606-1670
295-5310 1902781826	354-9591 1902741841
50 M 1902 79 FP	49 M 1902 76 END
TOZER MD, RICHARD C, 1207 SW 29TH ST A-10, 66611-2185 0 4102451363	WAUGH MD, CHARLES W, 823 SW MULVANE ST #230, 66606-1679 235-3451 1902841900
19 M 4102 53 OO	57 M 1902 0 AN
TRAVIS MD, JOHN W, 15 SW PEPPER TREE LN, 66611-2056	WEAVER MD, WALTER D, 900 WASHBURN ST, 66606-1653
0 1606551262 29 M 1606 61 OO	233-3636 1902691053 41 M 1902 70 OPH
TREGER MD, NEWMAN V, 1704 SW 10TH AVE, 66606-0000	WEBER II MD, RALPH H, HMO KS PO BOX 110 COST CTR 485, 66601-0110
0 1902400547	291-8755 3005750996
16 M 1902 40 OO	44 M 3005 78 PD
TROBOUGH MD, TODD D, 800 SW LINCOLN, 66606-0000 233-5101 3006900991	WEBER MD, DARRELL J, 1620 LAKESIDE DR, 66604-2582 0 1902441570
63 M 3006 0 OBG	15 M 1902 44 OO
TSAI MD, CHIA-HSUN, 823 SW MULVANE ST #230, 66606-1679	WEEKS MD, STACY S, 823 SW MULVANE 3RD FL, 66606-0000
235-3451 24406730111 47 M 24406 88 AN	354-9591 1902860002 58 F 1902 0 IM
TUTUSKA MD. PETER J. 901 SW GARFIELD AVE 2ND FL. 66606-0000	
233-1710 3503821205	WELCH MD, WADE B, 901 SW GARFIELD AVE, 66606-0000 354-0550 0
56 M 3503 89 CDTS	59 M 1902 0 N
UHR MD, NATHANIEL, 3230 SW 18TH ST, 66604-3237 0 3519210656	WELSH MD, NANCY J, 2200 SW GAGE BLVD, 66622-0002 272-3111 3840631329
0 M 3519 50 OO	39 F 3840 84 IM
VAN SICKLE MD, GREGGORY J, 3500 SW 6TH ST, 66606-2806	WELTON MD, THOMAS C, 823 SW MULVANE ST, 66606-0000
235-0335 1606751512 49 M 1606 80 PD	354-9591 0 61 M 1902 0 IM
VANDEGARDE MD, LARRY D, 800 SW LINCOLN ST, 66606-1598 233-5101 1803661045	WERNER MD, JAMES P, 823 MULVANE, 66606-1679 234-3451 1601841149
41 M 1803 72 OBG	58 M 1601 88 DR
VOGEL MD, STANLEY J, 823 SW MULVANE ST 4TH FL, 66606-1679	WEYRENS MD, FRANCIS J, 901 SW GARFIELD AVE, 66606-0000
354-9591 2802700906 44 M 2802 78 ON	354-9591 0 52 M 1606 0 CD
VOTH MD, ERIC A, 901 SW GARFIELD AVE, 66606-1670	WHIPPLE MD, JOHN R, PO BOX 829, 66601-0829
354-9591 1902810788	273-7500 5101861301
354-9591 1902810788 55 M 1902 84 IM	273-7500 5101861301 60 M 5101 0 P
354-9591 1902810788	273-7500 5101861301
354-9591 1902810788 55 M 1902 84 IM VOTH MD, HAROLD M, 901 GARFIELD, 66606-0000	273-7500 5101861301 60 M 5101 0 P WILEY MD, THOMAS M, 823 SW MULVANE STE 280, 66606-1679
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354-9591 1902810788 55 M 1902 84 IM VOTH MD, HAROLD M, 901 GARFIELD, 66606-0000 354-0545 1902470677 22 M 1902 0 P WALIA MD, JAG S, 2200 SW 10TH AVE, 66604-3904 234-8601 49529730291 50 M 49515 84 FP	273-7500 5101861301 60 M 5101 0 P WILEY MD, THOMAS M, 823 SW MULVANE STE 280, 66606-1679 235-0202 1902861951 59 M 1902 88 OBG WILLIAMS MD, CARL M, 1700 SW 7TH ST, 66606-0000 232-6633 1902881871 55 M 1902 0 AN
354-9591 1902810788 55 M 1902 84 IM VOTH MD, HAROLD M, 901 GARFIELD, 66606-0000 354-0545 1902470677 22 M 1902 0 P WALIA MD, JAG S, 2200 SW 10TH AVE, 66604-3904 234-8601 49529730291 50 M 49515 84 FP WALL MD, TERRY J, 1700 SW 7TH ST, 66606-1674 295-8008 1902821925	273-7500 5101861301 0 P WILEY MD, THOMAS M, 823 SW MULVANE STE 280, 66606-1679 235-0202 1902861951 59 M 1902 88 OBG WILLIAMS MD, CARL M, 1700 SW 7TH ST, 66606-0000 232-6633 1902881871 55 M 1902 0 AN WILSON MD, DANIEL R, 634 SW MULVANE STE 401, 66606-1678 295-5306 1902881880
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354-9591 1902810788 55 M 1902 84 IM VOTH MD, HAROLD M, 901 GARFIELD, 66606-0000 354-0545 1902470677 22 M 1902 0 P WALIA MD, JAG S, 2200 SW 10TH AVE, 66604-3904 234-8601 49529730291 50 M 49515 84 FP WALL MD, TERRY J, 1700 SW 7TH ST, 66606-1674 295-8008 1902821925 54 M 1902 86 RO WALLACE MD, BRETT E, 909 MULVANE, 66606-1682 357-0301 4813801251 55 M 4813 0 ORS WALLACE MD, LEO F, 5500 W 24TH, 66614-1736 0 1902410739 17 M 1902 41 OO	273-7500
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354-9591 1902810788 55 M 1902 84 IM VOTH MD, HAROLD M, 901 GARFIELD, 66606-0000 354-0545 1902470677 22 M 1902 0 P WALIA MD, JAG S, 2200 SW 10TH AVE, 66604-3904 234-8601 49529730291 50 M 49515 84 FP WALL MD, TERRY J, 1700 SW 7TH ST, 66606-1674 295-8008 1902821925 54 M 1902 86 RO WALLACE MD, BRETT E, 909 MULVANE, 66606-1682 357-0301 4813801251 55 M 4813 0 ORS WALLACE MD, LEO F, 5500 W 24TH, 66614-1736 0 1902410739 17 M 1902 41 OO WALLS MD, WILLIAM J, 823 SW MULVANE, 66606-1679 234-3451 2834661121 39 M 2834 72 DR WALZ MD, ROYCE C, 2200 SW GAGE, 66622-0000 272-3111 15407600042 27 M 15407 62 P WANLESS MD, KIRK M, 823 MULVANE STE 325, 66606-1679 232-8188 2803740898	273-7500
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273-7500 4113781772	WATHENA — 913
51 F 4113 79 P	(Northeast Kansas Medical Society)
	PETERSON JR MD, EVAN A, PO BOX 99, 66090-0099 989-3122 1803550715
TRIBUNE — 316	24 M 1803 56 FP
(Southwest Kansas Medical Society)	
MOSER JR MD, ROBERT P, 308 E GREELEY AVE, 67879-0000	WELLINGTON — 316
376-4251 1902851263 58 M 1902 90 FP	(Cowley County Medical Society)
50 W 1002	(Cowley County Medical Society)
	ANDERSON MD, LARRY R, 1323 N A ST, 67152-4350
III VOOTO AAA	326-3301 1902730032 43 M 1902 74 FP
ULYSSES — 316	COLE UP WARD IN 1991 N CHERRY OF COLES
(Southwest Kansas Medical Society)	COLE MD, WARD M, 1324 N CHERRY ST, 67152-2815 0 1902360073
BREWER MD, MARSHALL A, 223 N MAIN, 67880-2130	8 M 1902 36 OO
356-1261 1902460078	MCCORMICK MD, EUGENE CARL, PO BOX 706, 67152-0706
19 M 1902 46 FP	326-3914 1902560722
TILLOTSON MD, DON R, 223 N MAIN, 67880-2130	31 M 1902 56 GP
356-1261 1902650942 32 M 1902 66 FP	NALDOZA JR MD, FAUSTINO M, 1323 N A ST STE A, 67152-4350
	326-8171 74801653719 38 M 74801 74 GS
WALLEY OFNITED 040	PEDRAZA MD, HERNANDO, PO BOX 476, 67152-0476 326-5026 26404560106
VALLEY CENTER — 316	28 M 26404 72 R
(Sedgwick County Medical Society)	WEIGAND MD, JOEL T, 1323 N A ST, 67152-4350
DANIELS MD, ROBERT M, 130 MILES AVE, 67147-2037	326-3301 1902701199
0 1902540187	43 M 1902 71 FP
24 M 1902 54 OO	
	WESTMORELAND — 913
WAKEENEY — 913	(Pottawatomie County Medical Society)
(Central Kansas Medical Society)	· · · · · · · · · · · · · · · · · · ·
HAMILTON MD, JAMES J, 323 RUSSELL AVE, 67672-2184	MINGES MD, TIMOTHY J, 208 W 1ST ST, 66549-0000 457-3311 1902781281
743-2124 1902550468	54 M 1902 85 GP
30 M 1902 55 FP	
LOCKE MD, MARLIN K, RR 2 BOX 165, 67672-9802	
743-2124 1902831068 56 M 1902 0 FP	WICHITA — 316
50 W 1902 0 FF	
	(Sodawick County Modical Society)
	(Sedgwick County Medical Society)
	ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025
WAMEGO — 913	
WAMEGO — 913 (Pottawatomie County Medical Society)	ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025 685-2525 74801730578 49 M 74801 0 NS
(Pottawatomie County Medical Society)	ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025 685-2525 74801730578
(Pottawatomie County Medical Society) ATWOOD MD, JEFF B, 1401 W US HIGHWAY 24, 66547-1256 456-2207 1902870080	ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025 685-2525 74801730578 49 M 74801 0 NS ABBAS MD, DILAWER H, 1515 S CLIFTON AVE STE 380, 67218-2953
(Pottawatomie County Medical Society) ATWOOD MD, JEFF B, 1401 W US HIGHWAY 24, 66547-1256	ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025 685-2525 74801730578 49 M 74801 0 NS ABBAS MD, DILAWER H, 1515 S CLIFTON AVE STE 380, 67218-2953 686-2831 70402700091 45 M 70402 77 N
(Pottawatomie County Medical Society) ATWOOD MD, JEFF B, 1401 W US HIGHWAY 24, 66547-1256 456-2207 1902870080 61 M 1902 0 FP BORGENDALE MD, LLEWELLYN V, PO BOX 7, 66547-0007	ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025 685-2525 74801730578 49 M 74801 0 NS ABBAS MD, DILAWER H, 1515 S CLIFTON AVE STE 380, 67218-2953 686-2831 70402700091 45 M 70402 77 N AGUSTIN MD, CONRADO M, 1126 S CLIFTON AVE, 67218-2913 683-3389 74807620090
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(Pottawatomie County Medical Society) ATWOOD MD, JEFF B, 1401 W US HIGHWAY 24, 66547-1256 456-2207 1902870080 61 M 1902 0 FP BORGENDALE MD, LLEWELLYN V, PO BOX 7, 66547-0007 456-2291 1902600082 29 M 1902 61 FP BRADEN MD, BILL L, 705 COUNTRY CLUB CIR, 66547-1146	ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025 685-2525 74801730578 49 M 74801 0 NS ABBAS MD, DILAWER H, 1515 S CLIFTON AVE STE 380, 67218-2953 686-2831 70402700091 45 M 70402 77 N AGUSTIN MD, CONRADO M, 1126 S CLIFTON AVE, 67218-2913 683-3389 74807620090 38 M 74807 74 OBG AHLSTRAND MD, RICHARD A, 3243 E MURDOCK ST STE 104, 67208-3018 685-2711 3005670020
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(Pottawatomie County Medical Society) ATWOOD MD, JEFF B, 1401 W US HIGHWAY 24, 66547-1256 456-2207 1902870080 61 M 1902 0 FP BORGENDALE MD, LLEWELLYN V, PO BOX 7, 66547-0007 456-2291 1902600082 29 M 1902 61 FP BRADEN MD, BILL L, 705 COUNTRY CLUB CIR, 66547-1146 456-2291 1902600091	ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025 685-2525 74801730578 49 M 74801 0 NS ABBAS MD, DILAWER H, 1515 S CLIFTON AVE STE 380, 67218-2953 686-2831 70402700091 45 M 70402 77 N AGUSTIN MD, CONRADO M, 1126 S CLIFTON AVE, 67218-2913 683-3389 74807620090 38 M 74807 74 OBG AHLSTRAND MD, RICHARD A, 3243 E MURDOCK ST STE 104, 67208-3018 685-2711 3005670020 41 M 3005 75 R
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(Pottawatomie County Medical Society) ATWOOD MD, JEFF B, 1401 W US HIGHWAY 24, 66547-1256 456-2207 1902870080 61 M 1902 0 FP BORGENDALE MD, LLEWELLYN V, PO BOX 7, 66547-0007 456-2291 1902600082 29 M 1902 61 FP BRADEN MD, BILL L, 705 COUNTRY CLUB CIR, 66547-1146 456-2291 1902600091 31 M 1902 61 FP CLARK MD, LAURENCE A, 1408 6TH ST, 66547-1330 0 1902420122	ABAY MD, EUSTAQUIO O, 3305 E DOUGLAS AVE #101, 67218-1025 685-2525 74801730578 49 M 74801 0 NS ABBAS MD, DILAWER H, 1515 S CLIFTON AVE STE 380, 67218-2953 686-2831 70402700091 45 M 70402 77 N AGUSTIN MD, CONRADO M, 1126 S CLIFTON AVE, 67218-2913 683-3389 74807620090 38 M 74807 74 OBG AHLSTRAND MD, RICHARD A, 3243 E MURDOCK ST STE 104, 67208-3018 685-2711 3005670020 41 M 3005 75 R AHLSTROM MD, NANCY G, 1035 N EMPORIA ST STE 105, 67214-2938 263-7285 1902850011 59 F 1902 90 IM ALDOROTY MD, NEIL, 1725 E DOUGLAS AVE, 67211-1610 264-8989 64914753943
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ALLEN MD, STEVEN W, 3311 E MURDOCK ST, 67208-3079	BARTAL MD, ELY, 905 N EMPORIA BOX 3298, 67214-3715
689-9259 0 60 M 1902 91 PDC	262-7598 39607710019 45 M 39607 81 ORS
ALMONTE MD, PRISCILLA C, 1120 S CLIFTON AVE, 67218-2913 681-2108 74801671954	BARTH III MD, CHARLES W, 551 N HILLSIDE #410, 67214-4927 684-3838 2834810061
44 F 74801 78 AN	56 M 401 89 CD
ALMONTE MD, RODOLFO O, 1515 S CLIFTON AVE STE 480, 67218-2954	BASS II MD, ORAL E, 851 N HILLSIDE, 67214-4913
686-3791 74801644353 39 M 74801 78 OBG	685-1371 2803710026 40 M 2803 76 U
AMMAR MD, ALEX D, 818 N EMPORIA ST STE 200, 67214-3788	BASSELL MD, GERARD M, BOX 782438, 67278-2438
263-0296 5101760059	685-4389 14303730037
51 M 5101 81 GPVS	46 M 14303 82 AN
AMRANI MD, JACOB, PO BOX 3298, 67201-3298 262-7598 0	BATES MD, MICHAEL D, 2703 E CENTRAL, 67214-4610 685-1277 3005740109
58 M 3519 93 ORS	685-1277 3005740109 48 M 3005 75 OBG
AMSTUTZ MD, SAMUEL W, 655 N WOODLAWN ST, 67208-3648	BATTISTE MD, CYNTHIA, 1010 N KANSAS ST, 67214-3199
684-5158 1601800027	261-2622 1606730094
ANDERSON MD, DAVID J, 1650 S GEORGETOWN ST STE 200, 67218-4127 686-7327 1902810893	BAUMAN MD, M LEON, 2828 N GOVERNEOUR, 67226-1700 0 1902440107
54 M 1902 84 AN	1 M 1902 44 OO
ANDERSON MD, JAMES D, 3243 E MURDOCK ST STE 500, 67208-3008	BAUMANN MD, PAUL A, 3333 E CENTRAL STE 214, 67208-3109
688-7300 1902830045 57 M 1902 84 IM	688-2920 5605570048 32 M 5605 68 R
ARGOSINO MD, RODOLFO, 1148 S HILLSIDE ST STE 106, 67211-4005 683-6506 74801634056	BEAMER MD, R LARRY, 818 N EMPORIA STE 200, 67214-3788 263-0296 1902790167
40 M 74801 77 GS	52 M 1902 0 GS
ARTZ MD, TYRONE D, 1507 W 21ST ST N, 67203-2449	BEATTIE MD, MARY A, 222 S RIDGE RD, 67209-2113
838-2020 1803670036 41 M 1803 74 ORS	945-5400 1902740658 40 F 1902 0 PD
ASHCOM MD, THOMAS L, 1035 N EMPORIA STE 210, 67214-0000 265-1308 0	BEBAK MD, DONALD M, 8322 LIMERICK LN, 67208-3054 0 3515580050
52 M 4102 93 CD	32 M 3515 72 OO
ASHWORTH MD, ELIZABETH M, 3311 E MURDOCK, 67208-3054	BEBER MD, JORGE H., 8911 E ORME ST #D, 67207-2473
689-9300 1720830104	686-5195 42901780077
57 F 1720 0 CDS	54 M 42901 86 P
57 F 1720 0 CDS	
57 F 1720 0 CDS AUNINS MD, JOHN, 4853 HEMLOCK, 67216-3424 524-6805 4706560110	BECK MD, CHARLES W, 1515 S CLIFTON AVE #250, 67218-2952 687-9961 301720360
57 F 1720 0 CDS AUNINS MD, JOHN, 4853 HEMLOCK, 67216-3424	BECK MD, CHARLES W, 1515 S CLIFTON AVE #250, 67218-2952
57 F 1720 0 CDS AUNINS MD, JOHN, 4853 HEMLOCK, 67216-3424 524-6805 4706560110 28 M 4706 58 FP BABIKIAN MD, PAUL V, 551 N HILLSIDE STE 410, 67214-4927	BECK MD, CHARLES W, 1515 S CLIFTON AVE #250, 67218-2952 687-9961 301720360 46 M 301 80 IM BECKER MD, KARL E, 1650 GEORGETOWN STE 200, 67218-4127
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57 F 1720 0 CDS AUNINS MD, JOHN, 4853 HEMLOCK, 67216-3424 524-6805 4706560110 28 M 4706 58 FP BABIKIAN MD, PAUL V, 551 N HILLSIDE STE 410, 67214-4927 684-3838 60501830138 57 M 60501 91 N BACKES MD, DAVID J, 851 N HILLSIDE, 67214-4913	BECK MD, CHARLES W, 1515 S CLIFTON AVE #250, 67218-2952 687-9961 301720360 46 M 301 80 IM BECKER MD, KARL E, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 2307690066 43 M 2307 78 AN BEECH MD, RANDALL R, 9390 E CENTRAL STE 103, 67206-2555
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57 F 1720 0 CDS AUNINS MD, JOHN, 4853 HEMLOCK, 67216-3424 524-6805 4706560110 28 M 4706 58 FP BABIKIAN MD, PAUL V, 551 N HILLSIDE STE 410, 67214-4927 684-3838 60501830138 57 M 60501 91 N BACKES MD, DAVID J, 851 N HILLSIDE, 67214-4913 685-1371 1720770110 48 M 1720 83 U	BECK MD, CHARLES W, 1515 S CLIFTON AVE #250, 67218-2952 687-9961 301720360 46 M 301 80 IM BECKER MD, KARL E, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 2307690066 43 M 2307 78 AN BEECH MD, RANDALL R, 9390 E CENTRAL STE 103, 67206-2555 636-1129 1902801509 54 M 1902 81 GS
57 F 1720 0 CDS AUNINS MD, JOHN, 4853 HEMLOCK, 67216-3424 524-6805 4706560110 28 M 4706 58 FP BABIKIAN MD, PAUL V, 551 N HILLSIDE STE 410, 67214-4927 684-3838 60501830138 57 M 60501 91 N BACKES MD, DAVID J, 851 N HILLSIDE, 67214-4913 685-1371 1720770110 48 M 1720 83 U BAJAJ MD, ASHOK K, 3243 E MURDOCK STE 500, 67208-3008 688-7300 1902820066 58 M 1902 89 CD	BECK MD, CHARLES W, 1515 S CLIFTON AVE #250, 67218-2952 687-9961 301720360 46 M 301 80 IM BECKER MD, KARL E, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 2307690066 43 M 2307 78 AN BEECH MD, RANDALL R, 9390 E CENTRAL STE 103, 67206-2555 636-1129 1902801509 54 M 1902 81 GS BELTRAN MD, DELFIN J, 818 N EMPORIA STE 101, 67214-0000 263-1574 0 28 M 5605 92 AN
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57 F 1720 0 CDS AUNINS MD, JOHN, 4853 HEMLOCK, 67216-3424 524-6805 4706560110 28 M 4706 58 FP BABIKIAN MD, PAUL V, 551 N HILLSIDE STE 410, 67214-4927 684-3838 60501830138 57 M 60501 91 N BACKES MD, DAVID J, 851 N HILLSIDE, 67214-4913 685-1371 1720770110 48 M 1720 83 U BAJAJ MD, ASHOK K, 3243 E MURDOCK STE 500, 67208-3008 688-7300 1902820066 58 M 1902 89 CD BAJAJ MD, RAVI K, 3243 E MURDOCK STE 500, 67208-3008 688-7300 1902830134 59 M 1902 91 CD	BECK MD, CHARLES W, 1515 S CLIFTON AVE #250, 67218-2952 687-9961 301720360 46 M 301 80 IM BECKER MD, KARL E, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 2307690066 43 M 2307 78 AN BEECH MD, RANDALL R, 9390 E CENTRAL STE 103, 67206-2555 636-1129 1902801509 54 M 1902 81 GS BELTRAN MD, DELFIN J, 818 N EMPORIA STE 101, 67214-0000 263-1574 0 28 M 5605 92 AN BENNING MD, TIMOTHY C, 3600 E HARRY, 67218-0000 689-5063 1902860149 59 M 1902 87 DR
57 F 1720 0 CDS AUNINS MD, JOHN, 4853 HEMLOCK, 67216-3424 524-6805 4706560110 28 M 4706 58 FP BABIKIAN MD, PAUL V, 551 N HILLSIDE STE 410, 67214-4927 684-3838 60501830138 57 M 60501 91 N BACKES MD, DAVID J, 851 N HILLSIDE, 67214-4913 685-1371 1720770110 48 M 1720 83 U BAJAJ MD, ASHOK K, 3243 E MURDOCK STE 500, 67208-3008 688-7300 1902820066 58 M 1902 89 CD BAJAJ MD, RAVI K, 3243 E MURDOCK STE 500, 67208-3008 688-7300 1902830134 59 M 1902 91 CD BALDRIDGE MD, JOHN A, 1515 S CLIFTON STE 270, 67218-0000	BECK MD, CHARLES W, 1515 S CLIFTON AVE #250, 67218-2952 687-9961 301720360 46 M 301 80 IM BECKER MD, KARL E, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 2307690066 43 M 2307 78 AN BEECH MD, RANDALL R, 9390 E CENTRAL STE 103, 67206-2555 636-1129 1902801509 54 M 1902 81 GS BELTRAN MD, DELFIN J, 818 N EMPORIA STE 101, 67214-0000 263-1574 0 28 M 5605 92 AN BENNING MD, TIMOTHY C, 3600 E HARRY, 67218-0000 689-5063 1902860149 59 M 1902 87 DR BENTON MD, GARY S, 818 N EMPORIA ST STE 200, 67214-3788
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BINYON MD, KERNIE W, BOX 8125, 67208-0125 684-2819 1902560111	BROSIUS MD, FRANK C, 547 N ARMOUR, 67206-1513 0 1902490082
24 M 1902 56 FP	25 M 1902 49 OO
BLACK MD, BRYAN L, 1650 GEORGETOWN ST STE 200, 67218-4127	BROSSARD MD, IRIS, 3311 E MURDOCK, 67208-3054
686-7327 1104850096	689-9137 3503851325
57 M 1104 88 AN	50 F 3503 91 N
BLACKMAN MD, JACQUES D, 222 S RIDGE RD, 67209-2113	BROWN JR MD, VAL J, 2456 N WOODLAWN, 67220-0000
945-0142 1902760152 51 M 1902 77 FP	685-5691 1902790302 53 M 1902 82 IM
31 M 1302 77 11	30 141 1302 02 1141
BLATY MD, LAWRENCE R, 3600 E HARRY, 67218-0000 689-4808 2507860250	BROWN MD, DAVID J, 425 E MURDOCK, 67214-3606 265-6287 1902710139
60 M 2507 90 P	45 M 1902 72 GS
DLOOM MD. DARRY T. 550 NUMLOURS OT 07044 4040	DROWNING IFFERN O MACAUM ACTURITY AND CTORD COTO
BLOOM MD, BARRY T, 550 N HILLSIDE ST, 67214-4910 651-8580 1902810885	BROWN MD, JEFFERY C, 8404 W 13TH STE 180, 67212-2978 722-6000 1902880191
56 M 1902 86 PD	61 M 1902 89 IM
BLOOM MD, RODNEY L, 406 E CENTRAL ST, 67202-1058	BROWN MD, MICHAEL P, 3233 E 2ND ST N, 67208-3202
265-0705 1902790248	683-6766 3005770270
54 M 1902 80 IM	51 M 3007 78 OBG
BLOXHAM MD, THOMAS J, 3311 E MURDOCK ST, 67208-3054	BROWN MD, MICHELLE R, 551 N HILLSIDE STE 410, 67214-4927
689-9215 1803750153 50 M 1803 80 PUD	684-3838 1902860203 56 F 1902 86 CD
BOBER MD, JOHN F, 8911 E ORME ST STE D, 67207-2498 686-5195 1001780081	BROWN MD, ROBERT L, 6120 E 8TH, 67218-2951 0 1902490091
52 M 1001 82 P	21 M 1902 49 OO
BOLT MD, MICHAEL S, 655 N WOODLAWN ST, 67208-3648	BROWN MD. RONALD C. 818 CARRIAGE PKY, 67208-4511
684-5158 1902832234	685-8231 2803730124
55 M 1902 87 OPH	47 M 2803 74 FP
BOND MD, ROGER C, 3243 E MURDOCK ST STE 303, 67208-3008	BROWN MD, RONALD L, 1120 S CLIFTON, 67218-2913
688-7300 5606670089 40 M 5606 74 CD	681-2108 3901710111 45 M 3901 72 AN
	40 IVI 0501 72 AIV
BOUDREAUX MD, VELTIN J, 4362 WESTLAKE DR, 67220-1738 0 4812640122	BROWN SR MD, VAL J, 1802 N HYDRAULIC ST, 67214-1698 265-1461 1003470098
37 M 4812 72 OO	24 M 1003 49 GP
BOWLES MD, MARK H, 551 N HILLSIDE ST STE 410, 67214-4927	BROWNING MD, WILLIAM H, 7077 E CENTRAL #17, 67206-1942
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	0 1902-30101
48 M 401 87 CD	16 M 1902 43 OO
	16 M 1902 43 OO BRUNER MD, BRADLEY W, 3243 E MURDOCK STE 200, 67208-3005
48 M 401 87 CD BOXBERGER MD, GREGORY R, 551 N HILLSIDE ST #410, 67214-4927 684-3838 1902780242	16 M 1902 43 OO BRUNER MD, BRADLEY W, 3243 E MURDOCK STE 200, 67208-3005 685-1491 1902850216
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## BOXBERGER MD, GREGORY R, 551 N HILLSIDE ST #410, 67214-4927 684-3838 1902780242 52 M 1902 0 CD ### BOYD MD, Z REX, 120 S MAIZE RD #12, 67209-3100 0 3005520052 26 M 3005 56 OO ### BRADA MD, DONALD R, 1100 N ST FRANCIS STE 400, 67214-3821 268-8680 1902650063 39 M 1902 65 P ### BRAKE MD, DAVID, 3243 E MURDOCK STE 104, 67208-3018 685-2711 702680051 43 M 702 74 R ### BRAUN III MD, WILLIAM T, 3243 E MURDOCK STE 104, 67208-3018 685-2711 2802610087 37 M 2802 67 R ### BRAUN MD, KENNETH, 212 N HILLSIDE ST, 67214-4904 683-4688 3519720158 47 M 3519 78 OPH ### BRECKBILL MD, DAVID L, 3333 E CENTRAL #214, 67208-3109 685-1291 1902640050 38 M 1902 65 R ### BREIT MD, SHARON K, 3233 E 2ND ST N, 67208-0000 683-6766 0 58 F 1902 91 OBG	BRUNER MD, BRADLEY W, 3243 E MURDOCK STE 200, 67208-3005 685-1491 1902850216 58 M 1902 90 ORS BRUNGARDT MD, GERARD S, 1010 N KANSAS ST, 67214-3199 261-2650 1902830380 57 M 1902 87 IM BRYANT MD, R KEVIN, 1726 S HILLSIDE ST #A, 67211-4021 682-7117 512790861 54 M 512 87 FP BUBECK MD, RALPH W, 3311 E MURDOCK, 67208-3054 689-9262 1803620187 36 M 1803 68 IM BUCK JR MD, BEN H, 1208 N CHARLOTTE, 67208-2657 0 2834430269 17 M 2834 44 OO BUHR MD, BRUCE R, 1111 N ST FRANCIS, 67214-0000 267-1924 0 51 M 1902 92 ORS BURKE MD, MICHAEL J, 1010 N KANSAS, 67214-0000 261-2647 1902890196 56 M 1902 89 P BURNEY MD, WILLIAM W, 6608 PEPPERWOOD CT, 67226-1606 0 4707760066 17 M 1902 52 OO
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## BOXBERGER MD, GREGORY R, 551 N HILLSIDE ST #410, 67214-4927 684-3838 1902780242 52 M 1902 0 CD ### BOYD MD, Z REX, 120 S MAIZE RD #12, 67209-3100 0 3005520052 26 M 3005 56 OO ### BRADA MD, DONALD R, 1100 N ST FRANCIS STE 400, 67214-3821 268-8680 1902650063 39 M 1902 65 P ### BRAKE MD, DAVID, 3243 E MURDOCK STE 104, 67208-3018 685-2711 702680051 43 M 702 74 R ### BRAUN III MD, WILLIAM T, 3243 E MURDOCK STE 104, 67208-3018 685-2711 2802610087 37 M 2802 67 R ### BRAUN MD, KENNETH, 212 N HILLSIDE ST, 67214-4904 683-4688 3519720158 47 M 3519 78 OPH ### BRECKBILL MD, DAVID L, 3333 E CENTRAL #214, 67208-3109 685-1291 1902640050 38 M 1902 65 R ### BREIT MD, SHARON K, 3233 E 2ND ST N, 67208-0000 683-6766 0 58 F 1902 91 OBG	BRUNER MD, BRADLEY W, 3243 E MURDOCK STE 200, 67208-3005 685-1491 1902850216 58 M 1902 90 ORS BRUNGARDT MD, GERARD S, 1010 N KANSAS ST, 67214-3199 261-2650 1902830380 57 M 1902 87 IM BRYANT MD, R KEVIN, 1726 S HILLSIDE ST #A, 67211-4021 682-7117 512790861 54 M 512 87 FP BUBECK MD, RALPH W, 3311 E MURDOCK, 67208-3054 689-9262 1803620187 36 M 1803 68 IM BUCK JR MD, BEN H, 1208 N CHARLOTTE, 67208-2657 0 2834430269 17 M 2834 44 OO BUHR MD, BRUCE R, 1111 N ST FRANCIS, 67214-0000 267-1924 0 51 M 1902 92 ORS BURKE MD, MICHAEL J, 1010 N KANSAS, 67214-0000 261-2647 1902890196 56 M 1902 89 P BURNEY MD, WILLIAM W, 6608 PEPPERWOOD CT, 67226-1606 0 4707760066 17 M 1902 52 OO
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## BOXBERGER MD, GREGORY R, 551 N HILLSIDE ST #410, 67214-4927 684-3838	BRUNER MD, BRADLEY W, 3243 E MURDOCK STE 200, 67208-3005 685-1491 1902850216 58 M 1902 90 ORS BRUNGARDT MD, GERARD S, 1010 N KANSAS ST, 67214-3199 261-2650 1902830380 57 M 1902 87 IM BRYANT MD, R KEVIN, 1726 S HILLSIDE ST #A, 67211-4021 682-7117 512790861 54 M 512 87 FP BUBECK MD, RALPH W, 3311 E MURDOCK, 67208-3054 689-9262 1803620187 36 M 1803 68 IM BUCK JR MD, BEN H, 1208 N CHARLOTTE, 67208-2657 0 2834430269 17 M 2834 44 OO BUHR MD, BRUCE R, 1111 N ST FRANCIS, 67214-0000 267-1924 0 51 M 1902 92 ORS BURKE MD, MICHAEL J, 1010 N KANSAS, 67214-0000 261-2647 1902890196 56 M 1902 89 P BURNEY MD, WILLIAM W, 6608 PEPPERWOOD CT, 67226-1606 0 4707760066 17 M 1902 52 OO BURPEE MD, JAMES F, 851 N HILLSIDE, 67214-4913 685-1371 5605660128
## BOXBERGER MD, GREGORY R, 551 N HILLSIDE ST #410, 67214-4927 684-3838	BRUNER MD, BRADLEY W, 3243 E MURDOCK STE 200, 67208-3005 685-1491 1902850216 58 M 1902 90 ORS BRUNGARDT MD, GERARD S, 1010 N KANSAS ST, 67214-3199 261-2650 1902830380 57 M 1902 87 IM BRYANT MD, R KEVIN, 1726 S HILLSIDE ST #A, 67211-4021 682-7117 512790861 54 M 512 87 FP BUBECK MD, RALPH W, 3311 E MURDOCK, 67208-3054 689-9262 1803620187 36 M 1803 68 IM BUCK JR MD, BEN H, 1208 N CHARLOTTE, 67208-2657 0 2834430269 17 M 2834 44 OO BUHR MD, BRUCE R, 1111 N ST FRANCIS, 67214-0000 267-1924 0 51 M 1902 92 ORS BURKE MD, MICHAEL J, 1010 N KANSAS, 67214-0000 261-2647 1902890196 56 M 1902 89 P BURNEY MD, WILLIAM W, 6608 PEPPERWOOD CT, 67226-1606 0 4707760066 17 M 1902 52 OO BURPEE MD, JAMES F, 851 N HILLSIDE, 67214-4913 685-1371 5605660128 39 M 5605 71 U BUTH MD, DENNIS K, 551 N HILLSIDE #410, 67214-4927
## BOXBERGER MD, GREGORY R, 551 N HILLSIDE ST #410, 67214-4927 684-3838	BRUNER MD, BRADLEY W, 3243 E MURDOCK STE 200, 67208-3005 685-1491 1902850216 58 M 1902 90 ORS BRUNGARDT MD, GERARD S, 1010 N KANSAS ST, 67214-3199 261-2650 1902830380 57 M 1902 87 IM BRYANT MD, R KEVIN, 1726 S HILLSIDE ST #A, 67211-4021 682-7117 512790861 54 M 512 87 FP BUBECK MD, RALPH W, 3311 E MURDOCK, 67208-3054 689-9262 1803620187 36 M 1803 68 IM BUCK JR MD, BEN H, 1208 N CHARLOTTE, 67208-2657 0 2834430269 17 M 2834 44 OO BUHR MD, BRUCE R, 1111 N ST FRANCIS, 67214-0000 267-1924 0 51 M 1902 92 ORS BURKE MD, MICHAEL J, 1010 N KANSAS, 67214-0000 261-2647 1902890196 56 M 1902 89 P BURNEY MD, WILLIAM W, 6608 PEPPERWOOD CT, 67226-1606 0 4707760066 17 M 1902 52 OO BURPEE MD, JAMES F, 851 N HILLSIDE, 67214-4913 685-1371 5605660128 39 M 5605 71 U BUTH MD, DENNIS K, 551 N HILLSIDE #410, 67214-4927 684-3838 1902720185
BOXBERGER MD, GREGORY R, 551 N HILLSIDE ST #410, 67214-4927 684-3838	BRUNER MD, BRADLEY W, 3243 E MURDOCK STE 200, 67208-3005 685-1491 1902850216 58 M 1902 90 ORS BRUNGARDT MD, GERARD S, 1010 N KANSAS ST, 67214-3199 261-2650 1902830380 57 M 1902 87 IM BRYANT MD, R KEVIN, 1726 S HILLSIDE ST #A, 67211-4021 682-7117 512790861 54 M 512 87 FP BUBECK MD, RALPH W, 3311 E MURDOCK, 67208-3054 689-9262 1803620187 36 M 1803 68 IM BUCK JR MD, BEN H, 1208 N CHARLOTTE, 67208-2657 0 2834430269 17 M 2834 44 OO BUHR MD, BRUCE R, 1111 N ST FRANCIS, 67214-0000 267-1924 0 51 M 1902 92 ORS BURKE MD, MICHAEL J, 1010 N KANSAS, 67214-0000 261-2647 1902890196 56 M 1902 89 P BURNEY MD, WILLIAM W, 6608 PEPPERWOOD CT, 67226-1606 0 4707760066 17 M 1902 52 OO BURPEE MD, JAMES F, 851 N HILLSIDE, 67214-4913 685-1371 5605660128 39 M 5605 71 U BUTH MD, DENNIS K, 551 N HILLSIDE #410, 67214-4927 684-3838 1902720185 45 M 1902 73 IM

BUTLER MD, DORIS C, 818 N CARRIAGE PKY, 67208-4511 685-8231 1902751684	CLAIBORNE MD, RICHARD A, 3243 E MURDOCK ST STE 500, 67208-3008 688-7300 1902800227
48 F 1902 76 FP	55 M 1902 80 IM
CALIENDO JR MD, DANIEL J, 550 N HILLSIDE, 67214-4910 688-2239 1902670064	CLARK MD, COURTNEY, 8930 PEPPERTREE CIR, 67226-0000 0 1902560242
41 M 1902 73 EM	30 M 1902 56 OO
CALLAWAY MD, PAUL, 925 N EMPORIA, 67214-3724	CLARK MD, ROBERT G, 7015 E CENTRAL ST, 67206-1940
268-5996 0 53 M 3901 92 FP	652-9333 1902780340 53 M 1902 79 PS
CAMPION MD, MARY K, 3311 E MURDOCK, 67208-3054	CLIFTON MD, H DAVID, 3600 E HARRY ST, 67218-3713
689-9246 1902800171 51 F 1902 83 IM	689-5050 401650199 41 M 401 70 R
CANNON MD, MICHAEL W, 818 N EMPORIA #403, 67214-3728 262-4467 1902751722	CLINE MD, BYRON W, 551 N HILLSIDE ST STE 510, 67214-4928 685-0559 4802770354
50 M 1902 82 ON	51 M 4802 78 OBG
CAPPER MD, STANLEY L, 3311 E MURDOCK, 67208-3054 689-9206 1803670231	COATS MD, BARBARA S, 222 S RIDGE RD, 67209-2113 945-0142 1902830444
37 M 1803 70 D	57 F 1902 84 FP
CARLILE MD, WILLIAM E, 1431 S BLUFFVIEW STE 117, 67218-3039 685-6466 1902830428	COBB MD, JEANNINE M, 3311 E MURDOCK ST, 67208-3079 689-9234 1902860271
53 M 1902 87 AN	48 F 1902 0 OBG
CARLSON MD, TERRY S, 550 N HILLSIDE, 67214-4910 688-2826 3006770117	COHEN MD, JUSTIN T, 655 N WOODLAWN, 67208-3648 684-5158 2803740138
50 M 3006 79 PATH	47 M 2803 78 OPH
CARRO MD, ALBERTO F, 1520 S CLIFTON, 67218-2921 689-5775 1902790345	COHLMIA MD, JERRY B, 818 N EMPORIA STE 310, 67214-0000 263-5891 1902700133
53 M 1902 85 EM	43 M 1902 71 IM
CAUBLE MD, WILBUR G, 155 S BELMONT, 67218-1301 0 2834390119	COLEMAN MD, THOMAS J, 155 N CRESTWAY, 67208-3839 0 3545510153
12 M 2834 46 OO	18 M 3545 54 OO
CAUGHLIN MD, GERALD M, 818 N EMPORIA STE 101, 67214-3725	COLLIER MD, HAROLD W, 1650 GEORGETOWN STE 200, 67218-4127
263-1574 4812800308 55 M 4812 83 AN	686-7327 1902710236 45 M 1902 72 AN
CHANEY MD, ERNIE J, 1131 S CLIFTON, 67218-2912	CONCEPCION JR MD, EUGENIO S, 1515 S CLIFTON STE 480, 67218-2954
689-5500 1902560200	684-1048 74802640785
27 M 1902 56 FP	39 M 74802 74 CD
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902790426
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114 0 5605390082 15 M 5605 48 OO CHAVEZ MD, STEVE, 3333 E CENTRAL ST STE 408, 67208-3111	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902790426 54 M 1902 80 AN COSSMAN MD, F PRICE, 1441 N ROCK RD #1602, 67206-0000
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114 0 5605390082 15 M 5605 48 OO	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902790426 54 M 1902 80 AN
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114 0 5605390082 15 M 5605 48 OO CHAVEZ MD, STEVE, 3333 E CENTRAL ST STE 408, 67208-3111 682-0411 1902822051 55 M 1902 85 PD CHENG MD, MEI Y, 2318 E CENTRAL ST, 67214-4436	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902790426 54 M 1902 80 AN COSSMAN MD, F PRICE, 1441 N ROCK RD #1602, 67206-0000 0 1902570124 28 M 1902 57 OO COWLEY MD, CARLOS A, 1515 S CLIFTON STE 250, 67218-0000
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114 0 5605390082 15 M 5605 48 OO CHAVEZ MD, STEVE, 3333 E CENTRAL ST STE 408, 67208-3111 682-0411 1902822051 55 M 1902 85 PD	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902790426 54 M 1902 80 AN COSSMAN MD, F PRICE, 1441 N ROCK RD #1602, 67206-0000 0 1902570124 28 M 1902 57 OO
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114 0 5605390082 15 M 5605 48 OO CHAVEZ MD, STEVE, 3333 E CENTRAL ST STE 408, 67208-3111 682-0411 1902822051 55 M 1902 85 PD CHENG MD, MEI Y, 2318 E CENTRAL ST, 67214-4436 262-2415 1902860271 46 F 1902 87 PD CHERVEN MD, PHILIP L, 925 N EMPORIA, 67214-0000	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902790426 54 M 1902 80 AN COSSMAN MD, F PRICE, 1441 N ROCK RD #1602, 67206-0000 0 1902570124 28 M 1902 57 OO COWLEY MD, CARLOS A, 1515 S CLIFTON STE 250, 67218-0000 687-9961 0 58 M 84705 0 CD CRANE MD, DAVID D, 929 N ST FRANCIS, 67214-3821
CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114 0 5605390082 15 M 5605 48 OO CHAVEZ MD, STEVE, 3333 E CENTRAL ST STE 408, 67208-3111 682-0411 1902822051 55 M 1902 85 PD CHENG MD, MEI Y, 2318 E CENTRAL ST, 67214-4436 262-2415 1902860271 46 F 1902 87 PD	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902790426 54 M 1902 80 AN COSSMAN MD, F PRICE, 1441 N ROCK RD #1602, 67206-0000 0 1902570124 28 M 1902 57 OO COWLEY MD, CARLOS A, 1515 S CLIFTON STE 250, 67218-0000 687-9961 0 58 M 84705 0 CD
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CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114 0 5605390082 15 M 5605 48 OO CHAVEZ MD, STEVE, 3333 E CENTRAL ST STE 408, 67208-3111 682-0411 1902822051 55 M 1902 85 PD CHENG MD, MEI Y, 2318 E CENTRAL ST, 67214-4436 262-2415 1902860271 46 F 1902 87 PD CHERVEN MD, PHILIP L, 925 N EMPORIA, 67214-0000 268-5992 2501710311 45 M 2501 77 PD CHI MD, IL-SUNG, BOX 782438, 67278-2438 685-4389 58302670666	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902790426 54 M 1902 80 AN COSSMAN MD, F PRICE, 1441 N ROCK RD #1602, 67206-0000 0 1902570124 28 M 1902 57 OO COWLEY MD, CARLOS A, 1515 S CLIFTON STE 250, 67218-0000 687-9961 0 58 M 84705 0 CD CRANE MD, DAVID D, 929 N ST FRANCIS, 67214-3821 268-5414 2501600230 34 M 2501 73 PATH
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CHANG MD, FREDERIC C, 818 N EMPORIA STE 200, 67214-3788 263-0296 2401590270 35 M 2401 75 GS CHAPMAN D O, THOMAS C, 3311 E MURDOCK, 67208-3054 689-9533 2878870207 58 M 2878 90 IM CHARD MD, FREDERICK H, 255 S HILLSDALE DR, 67230-7114 0 5605390082 15 M 5605 48 OO CHAVEZ MD, STEVE, 3333 E CENTRAL ST STE 408, 67208-3111 682-0411 1902822051 55 M 1902 85 PD CHENG MD, MEI Y, 2318 E CENTRAL ST, 67214-4436 262-2415 1902860271 46 F 1902 87 PD CHERVEN MD, PHILIP L, 925 N EMPORIA, 67214-0000 268-5992 2501710311 45 M 2501 77 PD CHI MD, IL-SUNG, BOX 782438, 67278-2438 685-4389 58302670666 41 M 58302 81 AN CHO MD, SECHIN, 1010 N KANSAS ST, 67214-3124 261-2631 58302710048 47 M 58302 77 PD CHONG MD, SUNG P, 3311 E MURDOCK, 67208-0000 689-9383 0 56 M 58309 92 IM CHOPRA MD, RAMAN, 3333 E CENTRAL ST STE 201, 67208-3109 685-5271 49514740037	COOK MD, D RAY, 315 N HILLSIDE STE A, 67214-4915 686-3391 2012710138 42 M 2012 72 FP COOK MD, G EDWARD, 144 S HILLSIDE, 67211-2147 685-9289 401670181 42 M 401 69 R COOPER MD, M KENT, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902790426 54 M 1902 80 AN COSSMAN MD, F PRICE, 1441 N ROCK RD #1602, 67206-0000 0 1902570124 28 M 1902 57 OO COWLEY MD, CARLOS A, 1515 S CLIFTON STE 250, 67218-0000 687-9961 0 58 M 84705 0 CD CRANE MD, DAVID D, 929 N ST FRANCIS, 67214-3821 268-5414 2501600230 34 M 2501 73 PATH CRONIN MD, DONALD J, 618 RUTLAND, 67206-1526 0 2604400247 16 M 2604 48 OO CROWK MD, DIANA R, 9350 E CENTRAL STE 100, 67206-0000 636-2662 1902900361 63 F 1902 93 FP CROW MD, ERNEST W, 9421 BENT TREE CIR, 67226-1532 0 1902440395 20 M 1902 44 OO CROWLEY MD, EDWARD X, 5 PARK AVE, 67206-2020 0 1643400258

CUETICOVICLEMD LODNA L 1005 N EMPODIA CTF 000 C7014 0000	DOEBLIN MD, P LAURENCE, 3333 E CENTRAL ST STE 214, 67208-3109
CVETKOVICH MD, LORNA L, 1035 N EMPORIA STE 290, 67214-2938 264-6267 0 61 F 1902 81 OBG	685-1291 1002730312 40 M 1002 82 R
CZAPANSKY-BEILMAN MD, DESIREE, 550 N HILLSIDE, 67214-4910 688-3110 1902860386	DOLAN JR MD, PHILIP JARVIS, 3311 E MURDOCK ST, 67208-3079 689-9241 2105730317
59 F 1902 89 PD	47 M 2105 79 GE
DAKHIL MD, SHAKER R, 818 N EMPORIA STE 403, 67214-3728 262-4467 60501750088	DOMME JR MD, SYLVESTER A, 925 N EMPORIA, 67214-3724 265-2876 0
50 M 60501 80 IM	48 M 1902 79 FP
DANBY MD, JOHN H, 8213 GREENBRIER, 67226-0000	DONNELL MD, JAMES M, 758 S HILLSIDE ST, 67211-3002
0 91705560019 29 M 35205 83 OO	687-4421 1902550298 28 M 1902 55 FP
DARRAH MD, JOY N, 8100 E 22ND ST N BLDG 1600, 67226-2301	DOORNBOS MD, DANIEL C, 3311 E MURDOCK ST, 67208-3079
681-1827 1902741930 49 F 1902 77 R	689-9355 1902840512 58 M 1902 O IM
DAVIDSON MD, RANDY G, 550 N HILLSIDE, 67214-4910	DORN MD, CURTIS C, 550 N HILLSIDE ST, 67214-4910
688-2239 2846800096 55 M 2846 81 EM	651-8580 1902830576 57 M 1902 83 PD
DAVIS MD, PAUL H, 7111 E 21ST, 67206-1078 684-2851 3901720168	DORSCH MD, JOHN N, 1131 S CLIFTON AVE, 67218-2912 689-5500 1902790515
47 M 3901 73 FP	54 M 1902 0 FP
DAVIS MD, RONALD B, 315 N HILLSIDE STE C, 67214-4492	DOUTHIT MD, DOUGLAS D, 551 N HILLSIDE ST STE 510, 67214-4928
685-1461 1902720291 46 M 1902 73 FP	685-0559 4802790487 53 M 4802 80 OBG
DAVISON MD, JOE D, 8200 W CENTRAL #1, 67212-3661	DOWNING MD, GREGORY C, 551 N HILLSIDE ST STE 410, 67214-4927
721-4544 3901810370	684-3838 1902790531
54 M 3901 84 FP	52 M 1902 0 R
DAY MD, HOWARD, 818 N EMPORIA STE 310, 67214-3727 263-5891 1902740194	DRAKE MD, RALPH L, 1655 S GEORGETOWN APT 206, 67218-4122 0 4102260177
48 M 1902 76 NEP	99 M 4102 37 OO
DE BAKKER MD, JAN B, 633 N BROADMOOR AVE, 67206-1603	DRAZEK MD, GEORGE, 3311 E MURDOCK ST, 67208-3079
0 5104590201 25 M 5104 66 OO	689-9316 3506760339 50 M 3506 81 OPH
DE BOISE MD, DOUGLAS, 3233 E 2ND ST N, 67208-3202 683-6766 3006770192	DRAZEK MD, JANE K, 3600 E HARRY ST, 67218-3713 689-4774 3506760673
52 M 3006 89 OBG	49 F 3506 81 P
DE HART MD, ARTHUR DONIVA, 2703 E CENTRAL, 67214-4610 685-1277 4804771951	DREVETS MD, CURTIS C, 3311 E MURDOCK ST, 67208-3079 689-9178 1902560331
50 M 4804 78 OBG	30 M 1902 56 IM
DE WITT MD, BARBARA L, 929 N SAINT FRANCIS, 67214-0000	DU PUIS MD, JOHN G, 222 S RIDGE RD, 67209-2165
268-5928 1902880344 63 F 1902 89 RO	945-5400 0 53 M 3843 92 PD
DEGNER MD, JAMES C, 3600 E HARRY, 67218-3713 689-5050 1902840482	DUGAN MD, DAVID L, 1431 S BLUFFVIEW ST STE 117, 67218-3039 685-6466 1902870501
57 M 1902 0 DR	56 M 1902 88 AN
DELMORE MD, JAMES E, 3243 E MURDOCK ST STE G, 67208-3087 681-0251 4804782431	DUICK MD, GREGORY, 1035 N EMPORIA ST STE 210, 67214-1826 265-1308 1643720325
681-0251 4804782431 50 M 4804 80 GYN	46 M 1643 77 CD
DEMOSS MD, ELEANOR P, 3333 E CENTRAL ST STE 407, 67208-3111	DURANO MD, ANTONIO C, 959 N EMPORIA ST STE 103, 67214-3723
682-5591 74802660361 42 F 74802 77 PD	263-7893 74807560160 29 M 74807 65 U
DEPEW MD, CLIFFORD S, 345 N HILLSIDE ST, 67214-4905 682-4572 1902860475	DYCK MD, GEORGE, 1010 N KANSAS, 67214-3199 261-2647 6201640154
60 M 1902 90 OBG	37 M 6201 73 P
DEVOSS MD, MARK R, 1650 GEORGETOWN STE 200, 67218-0000	EARLY MD, JAMES L, 1010 N KANSAS, 67214-0000
686-7327 1902890331 63 M 1902 92 AN	261-2627 1720730495 47 M 1720 93 PM
DILLARD MD, SANDY R, 1120 S CLIFTON, 67218-0000	EDWARDS MD, MANIS C, 1102 N ARMOUR ST, 67206-1332
681-2108 1902870489	0 3005580179
61 M 1902 92 AN	33 M 3005 65 OO
DINGES MD, DAVID L, 310 S HILLSIDE, 67211-0000 684-2838 0	EGBERT MD, ANNE M, 5500 E KELLOGG, 67218-0000 685-2221 3840791229
62 M 1902 93 OTO	54 F 3840 80 IM
DISMUKE MD, S EDWARDS, 1010 N KANSAS, 67214-0000	EGELHOF MD, RICHARD H, 222 S RIDGE RD, 67209-2113
261-2627 4709710243 46 M 4706 0 IM	945-0142 1902730334 45 M 1902 75 FP
DOAN MD, TRINAH, 959 N EMPORIA ST STE 2 B, 67214-3730 267-5580 94101620195	EKENGREN MD, FRANCIE H, 550 N HILLSIDE ST, 67214-4910 688-2239 1902870381
32 M 94101 82 GP	57 F 1902 89 FP

EKENGREN MD, HUGH I, 855 N HILLSIDE ST, 67214-4982 685-1381 1902890439	FITZGERALD MD, EDWARD J, 711 STRATFORD RD, 67206-1454 0 3006500152
63 M 1902 90 FP	22 M 3006 50 OO
ELANGOVAN MD, SUDHA, 1010 N KANSAS ST, 67214-3124	FITZIG MD, SANFORD, 3311 E MURDOCK ST, 67208-3079
261-2607 1902870527 45 F 1902 89 FP	689-9185 4102720640 46 M 4102 79 U
ELLIS MD, LAVELLE A, 3243 E MURDOCK ST STE 500, 67208-0000	FLEMING MD, ROBERT H, 818 N EMPORIA STE 200, 67214-0000
688-7300 0	263-0296 0
60 F 1902 87 IM	0 M 0 0 CDTS
ELSON MD, BRUCE C, 3311 E MURDOCK, 67208-0000 689-9422 0	FLOWERS JR MD, CLELL B, 2536 N FOX RUN CT, 67226-3606 0 1902550395
61 M 2501 93 R	22 M 1902 55 OO
ENOCH MD, ROLLAND K, 3236 N ROCK RD #190, 67226-1337	FLUTER MD, GEORGE G, 8338 W 13TH ST, 67212-0000
634-1200 64914762101 49 M 64914 78 FP	729-1030 0 57 M 1902 93 PM
ERNST MD, TARI MAE, 818 CARRIAGE PKY, 67208-4511 651-2202 3005810115	FORD MD, CHARLES R, 232 S MAIZE RD, 67209-3110 722-0568 1902630241
56 F 3005 0 FP	38 M 1902 64 OPH
ESTEP MD, THOMAS H, 818 N EMPORIA ST STE 200, 67214-3788	FORRED MD, WALTER, 551 N HILLSIDE ST STE 410, 67214-4927
263-0296 6002750161 51 M 6002 82 CDTS	684-3838 1902691223 43 M 1902 70 GER
ESTIVO D O, MICHAEL P, 731 N MCLEAN BLVD STE 150, 67203-4935	FOWLER MD, ROBERT J, 3311 E MURDOCK ST, 67208-3079
945-9915 2879850765	689-9236 2802630169
EVANS MD, ROGER W, 933 N TOPEKA ST, 67214-3620 263-5889 1902640238	FRANCISCO MD, DAN A, 551 N HILLSIDE ST STE 410, 67214-4927 684-3838 1803751508
39 M 1902 65 CD	40 M 1803 81 CD
EYSTER MD, ROBERT L, 3243 E MURDOCK ST STE 200, 67208-3005	FRANCISCO MD, LINDA L, 818 N EMPORIA ST STE 310, 67214-3727
685-1491 3901730414 47 M 3901 74 ORS	263-5891 1803741448 47 F 1803 82 NEP
FAHRENHOLTZ MD, RANDALL K, 3600 E HARRY ST, 67218-3784	FRENCH MD, JAMES E, 1515 S CLIFTON AVE STE 420, 67218-2954
689-4850 1902751960	684-5237 3005780437
50 M 1902 76 FP	53 M 3005 80 GS
FARHA MD, AYHAM J, 851 N HILLSIDE ST, 67214-4913 685-1371 60501840061	FRENCH MD, JEROME E, 310 S HILLSIDE ST, 67211-2129 684-2838 1103710223
59 M 60501 0 U	44 M 1103 82 OTO
FARHA MD, GEORGE J, 818 N EMPORIA ST STE 200, 67214-3726	FRIEDERICH MD, JEFFREY A, PO BOX 8149, 67208-0000
263-0296 2101570358 27 M 2101 64 GS	685-9633 0 58 M 3905 94 AN
FARHA MD, S JIM, 818 N EMPORIA ST STE 200, 67214-3788	FRITZE MD, MARK H, 3600 E HARRY ST, 67218-3713
263-0296 1001570419	689-5050 3901840571
31 M 1001 65 CDTS	58 M 3901 90 DR
FARHAT MD, ASSEM Z, 3243 E MURDOCK ST STE 500, 67208-3008 688-7300 87501830061	FRITZEMEIER MD, WILLIAM H, 7373 E 29TH ST N II E311, 67226-3405 0 1902410178
60 M 87501 90 CD	14 M 1902 41 OO
FARLEY MD, JAMES A, 3600 E HARRY ST, 67218-3713	FROMER MD, JOEL, 2627 E CENTRAL, 67214-4608
689-5671 1902782229 50 M 1902 82 PATH	684-0501 16506750095 46 M 16501 81 A
FEAREY MD, ALAN J, 3311 E MURDOCK ST, 67208-3079 689-9410 1902780609	FROMM MD, ARTHUR H, 315 N HILLSIDE STE C, 67214-4915 685-2281 1902630267
53 M 1902 80 IM	37 M 1902 64 FP
FELT MD, SAMUEL E, 550 N HILLSIDE ST, 67214-4910 688-2825 1902720452	FULTON MD, JOHN K, 236 S TERRACE DR, 67218-1432 0 5605430360
46 M 1902 75 PATH	18 M 5605 50 OO
FERNANDEZ MD, HECTOR O, 2450 N WOODLAWN ST, 67220-3902	GALICHIA MD, JOSEPH P, 551 N HILLSIDE #410, 67214-4927
689-8677 74809660129 41 M 74809 76 GS	684-3838 1902690413 42 M 1902 70 CD
FERRIS MD, BRUCE G, 825 N HILLSIDE ST, 67214-4913 688-7500 1902690324	GALVAN MD, ALONSO, 3243 E MURDOCK STE 500, 67208-3008 688-7300 64906640013
43 M 1902 70 PS	38 M 64906 72 IM
FEUILLE JR MD, EDMOND G, 551 N HILLSIDE ST STE 510, 67214-4928	GARDNER MD, JARED J, 550 N HILLSIDE, 67214-4910
685-0559 4802750531 50 M 4802 76 OBG	688-7700 801710964 44 M 801 89 PATH
FIELDS D O, STEPHEN, 7200 W 13TH ST N, 67212-2968	GASTON D O, JERRY G, 731 N MCLEAN BLVD STE 100, 67203-0000
721-1200 2878720086	945-7309 0
42 M 2878 73 FP	
70 11	62 M 2878 94 GS
FISHER MD, RAY F, 3243 E MURDOCK ST STE 500, 67208-3008	62 M 2878 94 GS GENILO MD, CELESTE A, 3311 E MURDOCK, 67208-3054
	62 M 2878 94 GS

GEORGE MD, EARL F, 2146 N OLD MANOR, 67208-2549 36 N 1902 66 FP GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67223-7038 GIBBONS D O, DEBIER R, 233S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN, 67214-2609 GIBBONS D O, DEBIER R, 251S N CEDAR DOWNS LN
GBONS D O DEBBIE R, 2335 N CEDAR DOWNS LN, 67223-7038 GRUSHNYS MD, ARNOLD, 14419 TIPPERARY CIR, 67230-9655 945-0142 4878860271 55 F 4878 91 FP
GIBBONS D O, DEBBIE R, 2335 N CEDAR DOWNS LN, 67223-7038 945-0142 4878860271 55 F 4878 91 FP GILBAUGH III MD, JAMES H, 851 N HILLSIDE, 67214-0000 681-1371 0 00 GILBAUGH III MD, JAMES H, 851 N HILLSIDE, 67214-0000 681-1371 0 4002 94 U 2 687-3100 2803800204 10 687-3100 2803800204 35 M 2803 73 PDE GILMARTIN MD, RICHARD C, 2809 E CENTRAL, 67214-4609 10 4002 10 41128 0029 10 41128 0029 10 41128 0029 10 41128 0029 10 41128 0029 10 41128 0029 10 41128 0029 10 41128 0029 10 41128 0029 10 41128 0029 11 60 3000665005 11 6 M 3000 12 60LDERG MD, HERNETT R, 1515 S CLIFTON AVE #440, 67218-2954 10 80 300393031 10 3088 00399 13 M 3088 13 M 3088 14 G4901 71 P GOOD D O, FREDERICK C, 550 N HILLSIDE, 67214-4910 15 688-222 2878780208 16 M 2678 17 P EM GOOD D O, FREDERICK C, 550 N HILLSIDE, 67214-4910 16 688-222 2878780208 18 W 2678 19 EM GOOD D O, FREDERICK C, 550 N HILLSIDE, 67214-4910 10 688-222 2878780208 10 4000 0000 00000000000000000000000000
945-0142 487880271 55 F 4878 91 FP 19 M 40721 70 OO OO GILBAUGH III MD, JAMES H, 851 N HILLSIDE, 67214-0000 685-1371 0 28035003094 73 PDE 687-3100 28035003094 73 PDE 686-886 4 PD 1 4002 94 U 35 M 2803 73 PDE 686-886 4 PD 1 41528026 384-805056 64 PD 1 3604-805056 64 PD 1 3604-805056 64 PD 1 3604-805056 64 PD 1 3004-805056 64 PD 1 3004-805056 685-8222 2878780209 51 M 2878 79 EM 64901 71 P 52 M 64901 71 P 6400000000000000000000000000000000000
SECOND FERDERICK C, 550 N HILLSIDE, 67214-0910 GUDASTEPHEN F, 1250 N HILLSIDE, 67214-2813 GOVERNOUS M, 1810 N HILLSIDE, 67214-2813 GEVERNOUS M,
GILBAUGH III MD, JAMES H, 851 N HILLSIDE, 67214-0000 681-1371 0 2803600204 681-1371 0 2803600204 681-1371 0 2803600204 681-1371 0 2803600204 682-61371 0 2803600204 682-61371 0 2803600204 682-61371 0 2803600204 682-61371 0 2803600204 682-61371 0 2803600204 682-61371 0 2803600204 682-61371 0 2803600204 682-61371 0 33004500565 682-8130 3006 4112 77 PDN 682-6129 33004650056 682-8130 3006 42 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B8F-1371
GILMARTIN MD, RICHARD C, 2820 E CENTRAL, 67214-4609 GBLARRTIN MD, RICHARD C, 2820 E CENTRAL, 67214-4609 GBC-6866-6866 32
GILMARTIN MD, RICHARD C, 2820 E CENTRAL, 67214-4609 - 686-6866 - 411280269 - 32 M 14112 77 PDN 43 33004650056 - 33004650056 - 33004 80 OBG GLUCK MD, JAMES L, 1507 W 21ST ST, 67203-2449 - 838-2020 - 3844850271 - 61 M 3844 91 ORS - 16 M 3006 42 IM GOLDBERG MD, HERBERT R, 1515 S CLIFTON AVE #440, 67218-2954 - 682-9130 - 3508590309 - 33 M 5508 64 PD - 13 M 3006 39 OO GONZALEZ MD, HIRAM, 1431 S BLUFFVIEW DR #116, 67218-3039 - 881-1384 - 684901520575 - 20 M 649901 - 71 P - 808-2222 - 2878780208 - 51 M 2878 - 79 EM - 808-2222 - 2878780208 - 51 M 2878 - 70 IM - 809-200 - 1161178117 R10 N SAINT FRANCIS STE 130, 67214-2878 - 889-9260 - 369-9260 - 369-9260 - 370 M 1611 - 83 ON - 370 F 1902 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 3878 - 38
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GLUCK MD, JAMES L, 1507 W 21ST ST, 67203-2449 838-8020 838-44850271 81
GLUCK MD, JAMES L, 1507 W 21ST ST, 67203-2449 838-2020 3844B50271 61
888-2020 3844850271 M 3844 91 ORS 16 16 M 3006 42 IM 60LDBERG MD, HERBERT R, 1515 S CLIFTON AVE #440, 67218-2954 82-9130 3306590309 33 M 3508 64 PD 3006390314 33 0006 39 OO 3006390314 33 00063006 3006390314 33 0006 39 OO 3006390314 33 00063006 30063006 30063006 30063006 30063006
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GOLDBERG MD, HERBERT R, 1515 S CLIFTON AVE #440, 67218-2954 682-9130 3508590309 33 M 3508 64 PD 13 M 3006 39 OO GONZALEZ MD, HIRAM, 1431 S BUFFVIEW DR #116, 67218-3039 681-1384 64901520575 20 M 64901 71 P 440, 67218-3039 689-9306 19027770573 52 M 1902 82 GE GOOD D O, FREDERICK C, 550 N HILLSIDE, 67214-4910 688-2222 2878780208 51 M 2878 79 EM 264-3505 1902890448 43 M 1902 70 IM 4802 76 OPH GORDON MD, JAMES R, 3311 E MURDOCK, 67208-3054 689-9260 1611781071 53 M 1611 83 ON 64901577 F 1902 90 PD GOYLE MD, KRISHAN K, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529670108 34 M 49529 76 CD GRABBAU MD, GUY M, 1035 N EMPORIA STE 265, 67214-2939 269-4026 1902860661 190280661 1902 70 END 673 END 685-0222 1902742154 480780000 190280064 19020000 190280062 190280063 19027742154 1902800661 190280661 190280661 1902806661 1902878 1902 76 GRABBAU MD, GUY M, 1035 N EMPORIA STE 265, 67214-2939 269-4026 1902806661 190280661 190280661 190280661 190280668 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1902806661 1903806028 19028060661 1902806661 1902806061 1902806061 1902806061 1
Section
33 M 3506 64 PD 13 M 3006 39 OO GONZALEZ MD, HIRAM, 1431 S BLUFFVIEW DR #116, 67218-3039 681-1384 64901520575 20 M 64901 71 P
GONZALEZ MD, HIRAM, 1431 S BLUFFVIEW DR #116, 67218-3039 681-1384 684901520575 20 M 64901 71 P 688-9306 1902770573 52 M 1902 82 GE GOOD D O, FREDERICK C, 550 N HILLSIDE, 67214-4910 688-222 2878780208 51 M 2878 79 EM 6902 81 PUD GOODPASTURE MD, HEWITT C, 1100 N SAINT FRANCIS STE 130, 67214-2878 264-3505 1902890448 43 M 1902 70 IM 4802 802 81 PUD GORDON MD, JAMES R, 3311 E MURDOCK, 67208-3054 689-9260 1611781071 53 M 1611 83 ON 699-9260 1611781071 53 M 1611 83 ON 69028-7906 49529670108 69028-7906 49529670108 41 F 49529 76 OB 6903 40 FRANK M, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529670108 41 F 49529 76 OBG 693-221 2878890628 41 F 49529 76 OBG 693-221 2878890628 693-222 2978260061 693-222 2978260061 693-222 2978260061 693-222 2978260061 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600651 693-222 29782600661 693-222 2978260061 693-2212 1902810311 693-2012 190280061 693-2212 1902810311 693-2012 190280061 693-2212 1902810311 693-2012 190280061 693-2212 1902810311 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 190280061 693-2012 19028
681-1384 64901520575 620 M 64901 71 P 520 M 64901 71 P 52 M 1902 82 GE GOOD D O, FREDERICK C, 550 N HILLSIDE, 67214-4910 688-2222 2878780208 79 EM 2827 800503 53 M 2802 81 PUD GOODPASTURE MD, HEWITT C, 1100 N SAINT FRANCIS STE 130, 67214-2878 685-5227 4802680517 42 M 4802 76 OPH GORDON MD, JAMES R, 3311 E MURDOCK, 67208-3054 685-920 1611781071 53 M 1611 83 ON 57 F 1902 90 PD GOYLE MD, KRISHAN K, 1150 N SAINT FRANCIS ST, 67214-2883 49529640055 34 M 49529 76 CD 686-7327 2878890828 61 M 49529 76 OBG 686-7327 2878890828 61 M 49529 76 OBG 686-7327 2878890828 61 M 49529 76 OBG 686-7327 2878890828 61 M 49529670108 49529670108 49529670108 41 F 4952
20 M 64901 71 P 52 M 1902 82 GE GOOD D O, FREDERICK C, 550 N HILLSIDE, 67214-4910 688-2222 2878780208 51 M 2878 79 EM 53 M 2802 81 PUD GOODPASTURE MD, HEWITT C, 1100 N SAINT FRANCIS STE 130, 67214-2878 264-3505 1902690448 43 M 1902 70 IM 4802 76 OPH GOODN MD, JAMES R, 3311 E MURDOCK, 67208-3054 689-9260 1611781071 53 M 1611 83 ON 57 F 1902 90 PD GOYLE MD, KRISHAN K, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529640055 34 M 49529 76 CD GOYLE MD, VIMAL, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529670108 49529670108 41 F 49529 76 OBG GRAND MD, GUY M, 1035 N EMPORIA STE 265, 67214-2939 269-4026 1902880661 54 M 1902 87 PUD GRAND MD, DAVID A, 2903 E CENTRAL, 67214-4716 687-2112 1902810311 55 M 1902 0 END GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 263-5891 1902850658
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51 M 2878 79 EM 53 M 2802 81 PUD GOODPASTURE MD, HEWITT C, 1100 N SAINT FRANCIS STE 130, 67214-2878 264-3505 1902690448 43 M 1902 70 IM 42 M 4802 76 OPH GORDON MD, JAMES R, 3311 E MURDOCK, 67208-3054 689-9260 1611781071 53 M 1611 83 ON 57 F 1902 90 PD GOYLE MD, KRISHAN K, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529640055 34 M 49529 76 CD 686-7327 2878890828 495.29670108 41 F 49529 76 OBG GRABAU MD, GUY M, 1035 N EMPORIA STE 265, 67214-2939 269-4026 1902860661 54 M 1902 87 PUD GRABAU MD, GUY M, 1035 N EMPORIA STE 265, 67214-2716 687-2112 1902810311 55 M 1902 0 END GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 263-5891 1902850658 GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 280-38900424
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43 M 1902 70 IM 42 M 4802 76 OPH GORDON MD, JAMES R, 3311 E MURDOCK, 67208-3054 689-9260 1611781071 53 M 1611 83 ON 57 F 1902 90 PD GOYLE MD, KRISHAN K, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529640055 34 M 49529 76 CD 686-7327 2878890828 61 M 2878 91 AN GOYLE MD, VIMAL, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529670108 41 F 49529 76 OBG 4269-4026 1902860661 54 M 1902 87 PUD 49 M 1902 78 GS GRAINGER MD, DAVID A, 2903 E CENTRAL, 67214-4716 687-2112 1902810311 55 M 1902 0 END 42 MART MD, DILLIS L, 1515 S CLIFTON STE 300, 67218-2953 688-0135 3901640369 36 M 3901 67 GS GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 4ART MD, JOHN J, 3340 E CENTRAL, 67208-3104 263-5891 1902850658
689-9260 1611781071 83 ON 534-1200 1902890641 57 F 1902 90 PD GOYLE MD, KRISHAN K, 1150 N SAINT FRANCIS ST, 67214-2883
689-9260 1611781071 83 ON 534-1200 1902890641 57 F 1902 90 PD GOYLE MD, KRISHAN K, 1150 N SAINT FRANCIS ST, 67214-2883
53 M 1611 83 ON 57 F 1902 90 PD GOYLE MD, KRISHAN K, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529640055 34 M 49529 76 CD 686-7327 2878890828 61 M 2878 91 AN GOYLE MD, VIMAL, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529670108 41 F 49529 76 OBG 9 M 1001 39 OO GRABAU MD, GUY M, 1035 N EMPORIA STE 265, 67214-2939 269-4026 1902860661 54 M 1902 87 PUD 49 M 1902 78 GS GRAINGER MD, DAVID A, 2903 E CENTRAL, 67214-4716 687-2112 1902810311 55 M 1902 0 END 36 M 3901 67 GS GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, JOHN J, 3340 E CENTRAL, 67208-3104 688-3070 2803800424
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34 M 49529 76 CD 61 M 2878 91 AN GOYLE MD, VIMAL, 1150 N SAINT FRANCIS ST, 67214-2883 267-9906 49529670108 41 F 49529 76 OBG 9 M 1001 39 OO GRABAU MD, GUY M, 1035 N EMPORIA STE 265, 67214-2939 269-4026 1902860661 54 M 1902 87 PUD 49 M 1902 78 GS GRAINGER MD, DAVID A, 2903 E CENTRAL, 67214-4716 687-2112 1902810311 55 M 1902 0 END 36 M 3901 67 GS GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, JOHN J, 3340 E CENTRAL, 67208-3104 688-3070 2803800424
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41 F 49529 76 OBG 9 M 1001 39 OO GRABAU MD, GUY M, 1035 N EMPORIA STE 265, 67214-2939 269-4026 1902860661 54 M 1902 87 PUD 49 M 1902 78 GS GRAINGER MD, DAVID A, 2903 E CENTRAL, 67214-4716 687-2112 1902810311 55 M 1902 0 END 36 M 3901 67 GS GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 BART MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 HART MD, JOHN J, 3340 E CENTRAL, 67208-3104 263-5891 1902850658
269-4026 1902860661 685-6222 1902742154 49 M 1902 78 GS GRAINGER MD, DAVID A, 2903 E CENTRAL, 67214-4716 HART MD, DILLIS L, 1515 S CLIFTON STE 300, 67218-2953 687-2112 1902810311 688-0135 3901640369 36 M 3901 67 GS GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 HART MD, JOHN J, 3340 E CENTRAL, 67208-3104 263-5891 1902850658
269-4026 1902860661 685-6222 1902742154 49 M 1902 78 GS GRAINGER MD, DAVID A, 2903 E CENTRAL, 67214-4716 HART MD, DILLIS L, 1515 S CLIFTON STE 300, 67218-2953 687-2112 1902810311 688-0135 3901640369 36 M 3901 67 GS GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 HART MD, JOHN J, 3340 E CENTRAL, 67208-3104 263-5891 1902850658
GRAINGER MD, DAVID A, 2903 E CENTRAL, 67214-4716 687-2112
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687-2112 1902810311 688-0135 3901640369 55 M 1902 0 END 36 M 3901 67 GS GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 HART MD, JOHN J, 3340 E CENTRAL, 67208-3104 263-5891 1902850658 688-3070 2803800424
GRANT MD, MICHAEL E, 818 N EMPORIA STE 310, 67214-3727 HART MD, JOHN J, 3340 E CENTRAL, 67208-3104 263-5891 1902850658 688-3070 2803800424
263-5891 1902850658 688-3070 2803800424
263-5891 1902850658 688-3070 2803800424
59 M 1902 86 NEP 53 M 2803 78 GP
GRAUEL MD, CHARLES W, 14821 SHARON LN, 67230-7061 HARTLEY MD, FOUNT K, 3007 E CENTRAL, 67214-4814
685-8428 1902700451 686-7369 1902530343
44 M 1902 71 AN 25 M 1902 53 GS
GRAY MD, C LUCIEN, 3311 E MURDOCK, 67208-3054 HARTLEY MD, JAMES M, 818 CARRIAGE PKY, 67208-4511
689-9227 1902450293 685-8231 2604710581
21 M 1902 45 ENT 45 M 2604 79 FP
GRAY MD, H TOM, 1655 S GEORGETOWN ST #226, 67218-4123 HARTMAN MD, KECK R, 1100 N SAINT FRANCIS STE 130, 6721
0 401440313 264-3505 1902820708
19 M 401 55 OO 55 M 1902 0 ID
GREENWOOD MD, MELANIE A, 10202 W 13TH ST N, 67212-4377 HARTWELL MD, KIMBERLY, 855 N HILLSIDE, 67214-4913
729-9100 1902880620 685-1381 1902821828
49 F 1902 89 FP 56 F 1902 83 FP
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 689-9227 1611690688 685-1381 1902820716
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 HARTWELL MD, RICK L, 855 N HILLSIDE, 67214-4913
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 689-9227 1611690688 685-1381 1902820716
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 689-9227 1611690688 43 M 1611 78 OTO 83 M 1902 83 FP GRELINGER MD, BART A, 3243 E MURDOCK ST STE 500, 67208-3008 688-7300 1902870683 HARVEY MD, ROSEMARY B, 2230 CARDINAL DR, 67204-5311 688-7300 1902870683
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 689-9227 1611690688 43 M 1611 78 OTO GRELINGER MD, BART A, 3243 E MURDOCK ST STE 500, 67208-3008 HARVEY MD, ROSEMARY B, 2230 CARDINAL DR, 67204-5311
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 689-9227 1611690688 43 M 1611 78 OTO 83 M 1902 83 FP GRELINGER MD, BART A, 3243 E MURDOCK ST STE 500, 67208-3008 688-7300 1902870683 HARVEY MD, ROSEMARY B, 2230 CARDINAL DR, 67204-5311 688-7300 1902870683
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 689-9227 1611690688 43 M 1611 78 OTO 83 M 1902 83 FP GRELINGER MD, BART A, 3243 E MURDOCK ST STE 500, 67208-3008 688-7300 1902870683 61 M 1902 92 N 24 F 1902 49 OO GRENE MD, ROBERT BRUCE, 8020 E CENTRAL AVE #200, 67206-2360 636-2010 1902780706 HASKINS MD, ROBERT J, 1010 N KANSAS, 67214-3124 261-2607 1902740445
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 689-9227 1611690688 43 M 1611 78 OTO 83 M 1902 83 FP GRELINGER MD, BART A, 3243 E MURDOCK ST STE 500, 67208-3008 688-7300 1902870683 61 M 1902 92 N PART STEEL MD, RICK L, 855 N HILLSIDE, 67214-4913 688-7300 0 1902870683 61 M 1902 92 N PART STEEL MD, ROSEMARY B, 2230 CARDINAL DR, 67204-5311 0 1902490287 24 F 1902 49 OO GRENE MD, ROBERT BRUCE, 8020 E CENTRAL AVE #200, 67206-2360 HASKINS MD, ROBERT J, 1010 N KANSAS, 67214-3124
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 689-9227 1611690688 43 M 1611 78 OTO 83 M 1902 83 FP GRELINGER MD, BART A, 3243 E MURDOCK ST STE 500, 67208-3008 688-7300 1902870683 61 M 1902 92 N HARVEY MD, ROSEMARY B, 2230 CARDINAL DR, 67204-5311 0 1902490287 24 F 1902 49 OO GRENE MD, ROBERT BRUCE, 8020 E CENTRAL AVE #200, 67206-2360 636-2010 1902780706 53 M 1902 0 OPH GRINDEL DO, STEPHEN J, 8100 E 22ND ST N BLDG 2200, 67226-0000 HASSAN MD, RIZWAN U, 818 N EMPORIA STE 411, 67214-3728
49 F 1902 89 FP 56 F 1902 83 FP GREER MD, JAMES A, 3311 E MURDOCK ST, 67208-3079 689-9227 1611690688 43 M 1611 78 OTO 83 M 1902 83 FP GRELINGER MD, BART A, 3243 E MURDOCK ST STE 500, 67208-3008 688-7300 1902870683 61 M 1902 92 N 24 F 1902 49 OO GRENE MD, ROBERT BRUCE, 8020 E CENTRAL AVE #200, 67206-2360 636-2010 1902780706 53 M 1902 0 OPH 46 M 1902 75 FP

HASTINGS MD, GLEN E, 1431 S BLUFFVIEW STE 109, 67218-0000 689-6396 1902620342	HOLLOWAY MD, KEVIN B, 1100 N SAINT FRANCIS ST #400, 67214-2878 264-3222 1902840831
32 M 1902 67 IM	57 M 1902 85 P
HATTRUP MD, RICHARD J, 2810 N BEND TREE CIR, 67226-2163	LIOI MEC MD. IED D. 7444 F. 0407 CT. 07000 4070
0 3006570282	HOLMES MD, JED D, 7111 E 21ST ST, 67206-1078 684-2851 3005780593
31 M 3006 59 OO	53 M 3005 79 FP
HAWLEY MD, RAYMOND G, 929 N ST FRANCIS, 67214-3821	HOLT MD, JOHN M, 1010 N KANSAS ST, 67214-3199
268-5559 1902650357	261-2650 1902610380
39 M 1902 66 PATH	35 M 1902 62 IM
HAY MD, JAMES R, 1120 S CLIFTON, 67218-2913	HOPPOCK MD, KEVIN C, 7717 E 29TH ST N, 67226-0000
681-2108 1902860777	636-5585 1902890757
58 M 1902 88 AN	64 M 1902 90 FP
HAYES MD, WILLIAM L, 1209 GRETCHEN LN, 67206-1444	HORBELT MD, DOUGLAS V, 3243 E MURDOCK L-G, 67208-0000
0 1902530351	681-0251 4802721744
28 M 1902 53 OO	47 M 4802 73 OBG
HAYNES MD, DEBORAH G, 8100 E 22ND ST N #2200, 67226-2301	HOUSHOLDER MD, DANIEL F, 929 N ST FRANCIS, 67214-3821
683-4334 1902790833 54 F 1902 80 FP	268-5922 1902700559 43 M 1902 71 NM
34 1 1902 OU FF	45 101 1902 / 1 14001
HEALY MD, PATRICK M, 818 N EMPORIA STE 101, 67214-3725	HOUSHOLDER MD, MARTHA S, 835 N HILLSIDE, 67214-4913
263-1574 3006820408 56 M 3006 86 AN	685-4395 1902720991 46 F 1902 73 D
	1001 1002
HELENA MD, WESLEY D, PO BOX 782438, 67278-2438 685-4389 1902880719	HOWARD MD, DONALD O, 82 VIA VERDE, 67230-1604 0 1902380236
58 M 1902 89 AN	0 1902380236 11 M 1902 38 OO
HELLMAN MD, DAVID W, 1520 S CLIFTON, 67218-2921 689-5775 1902870721	HOWELL MD, STEVEN J, 1507 W 21ST ST N, 67203-2449 838-2020 0
59 M 1902 88 EM	60 M 1902 92 ORS
LIFETONIAD DEDECCA A 2040 E MUDDOCK OTE 200 C7000 C000	LILIOUED D. O. OTEVEN D. 4500 C. OLIETON, 67040 0004
HELTON MD, REBECCA A, 3243 E MURDOCK STE 300, 67208-0000 681-0736 0	HUGHES D O, STEVEN R, 1520 S CLIFTON, 67218-2921 689-5775 2878820048
53 F 1902 92 HEM	49 M 2878 83 FP
HENWOOD MD, JOHN R, 1515 S CLIFTON STE 490, 67218-0000	HUMMER MD, LLOYD M, 3311 E MURDOCK, 67208-3054
686-6888 3901820707	689-9323 3901570298
52 M 3901 85 FP	32 M 3901 66 IM
HERBOLD MD, DAVID R., 550 N HILLSIDE, 67214-4910	HUND MD, LARRY R, 3333 E CENTRAL STE 408, 67208-3111
688-2814 2802761433	682-0411 1902780838
42 M 2802 88 PATH	52 M 1902 81 PD
HERED MD, JOHN, 1515 S CLIFTON #370, 67218-2953	HUNNINGHAKE MD, RONALD, 3100 N HILLSIDE, 67219-3904
686-7222 2802670292	682-3100 1902760616
41 M 2802 73 N	51 M 1902 82 FP
HERSHORN MD, SIMON E, 9117 LAKEPOINT, 67226-2104	HUNTER MD, KARLA J, PO BOX 8149, 67208-0149
0 1902460205 22 M 1902 46 OO	685-9633 0 59 F 3901 0 AN
22 W 1902 46 OO	59 F 3901 U AN
HESSE MD, JAMES F, 9350 E CENTRAL STE 100, 67206-2555	HUSTEAD MD, ROBERT F, 4714 N PORTWEST CIR, 67204-2359
636-2662 1902820775 54 M 1902 0 FP	687-2977 801540309 28 M 801 63 AN
54 W 1502 0 FF	20 IVI 001 03 AIN
HETT MD, EDWARD J, 1969 W 21ST, 67203-2106	HUTCHINSON MD, STEVEN A, 551 N HILLSIDE #550, 67214-4989
832-9024 1902810401 55 M 1902 82 FP	682-2911 1902840920 59 M 1902 0 GPVS
HILL MD, LARY M, 1131 S CLIFTON AVE, 67218-2912 689-5500 1902770646	HUYCKE MD, EDWARD J, 5500 E KELLOGG, 67218-1607 651-3603 1902530424
51 M 1902 78 FP	28 M 1902 53 IM
LINDIAN ID NO CHARLED T. 4000 N DOO'S DO OT COOK IN	
HINSHAW JR MD, CHARLES T, 1833 N ROCK RD CT, 67206-1251 685-4622 1902580413	HYDER MD, JACE W, 1431 S BLUFFVIEW STE 210, 67218-3039 687-1090 1902790990
32 M 1902 59 PATH	52 M 1902 0 CRS
LUZON MD. DAMON D. 000 N. CAINT EDAMON. CTOMA 0004	LIVALANI AID. ANNI D. 000 N. CT. EDANIGIO, CTOLL 0004
HIZON MD, RAMON R, 929 N SAINT FRANCIS, 67214-3821 268-5906 74801622503	HYMAN MD, ANN B, 929 N ST FRANCIS, 67214-3821 268-5050 0
38 M 74801 62 DR	60 F 1902 90 EM
HO MD, TEH I, 929 N SAINT FRANCIS, 67214-3821	HYNES MD, HENRY E, 818 N EMPORIA STE 403, 67214-3728
268-5615 24402750274	262-4467 53902580120
50 M 24402 91 PATH	35 M 53902 65 HEM
HODSON MD, HERVEY R, 8809 E HARRY APT 909, 67207-4723	12.17.11.11.11.11.11.11.11.11.11.11.11.11.
	IBARRA MD. J LUIS. 8201 F HARRY #601 67207-4647
0 1606310516	IBARRA MD, J LUIS, 8201 E HARRY #601, 67207-4647 0 64901460084
0 1606310516 3 M 1606 31 OO	0 64901460084 20 M 64901 59 OO
0 1606310516 3 M 1606 31 OO HOLDEN JR MD, RAYMOND F, 262 S BROOKSIDE, 67218-1705 0 2802330394	0 64901460084 20 M 64901 59 OO IDBEIS MD, BADR, 818 N EMPORIA #200, 67214-3788 263-0296 87501720591
0 1606310516 3 M 1606 31 OO HOLDEN JR MD, RAYMOND F, 262 S BROOKSIDE, 67218-1705	0 64901460084 20 M 64901 59 OO IDBEIS MD, BADR, 818 N EMPORIA #200, 67214-3788
0 1606310516 3 M 1606 31 OO HOLDEN JR MD, RAYMOND F, 262 S BROOKSIDE, 67218-1705 0 2802330394	0 64901460084 20 M 64901 59 OO IDBEIS MD, BADR, 818 N EMPORIA #200, 67214-3788 263-0296 87501720591
0 1606310516 3 M 1606 31 OO HOLDEN JR MD, RAYMOND F, 262 S BROOKSIDE, 67218-1705 0 2802330394 10 M 2802 56 OO HOLLOWAY MD, KELLY D, 818 N EMPORIA STE 101, 67214-3725 263-1574 1902860874	0 64901460084 20 M 64901 59 OO IDBEIS MD, BADR, 818 N EMPORIA #200, 67214-3788 263-0296 87501720591 47 M 87501 80 CDTS INDECK MD, MARGARET N, 1650 GEORGETOWN DR STE 200, 67218-4127 686-7327 0
0 1606310516 3 M 1606 31 OO HOLDEN JR MD, RAYMOND F, 262 S BROOKSIDE, 67218-1705 0 2802330394 10 M 2802 56 OO HOLLOWAY MD, KELLY D, 818 N EMPORIA STE 101, 67214-3725	0 64901460084 20 M 64901 59 OO IDBEIS MD, BADR, 818 N EMPORIA #200, 67214-3788 263-0296 87501720591 47 M 87501 80 CDTS INDECK MD, MARGARET N, 1650 GEORGETOWN DR STE 200, 67218-4127

JACKSON MD, CHARLES R, 7209 CRESTHILL, 67206-0000	JOSLIN MD, CHARLIE G, 855 N HILLSIDE ST, 67214-4913
0 1606530486 27 M 1606 60 OO	685-1381 1902880841 56 M 1902 89 FP
JACOB MD, KANNAMPALLY L, 1515 S CLIFTON STE 320, 67218-2954	JOST MD, GARY D, 1035 N EMPORIA ST #270, 67214-2939
689-8899 49537590075 31 M 49537 76 U	264-5700 1902770778 51 M 1902 78 GS
JADHAV MD, KISHOR B, 1625 S LONGFORD LN, 67207-5187 685-2221 49517710040	JUDILLA JR MD, FRANCISCO, 818 N EMPORIA ST STE 101, 67214-3725 263-1574 74811710451
48 M 49517 76 AN	44 M 74801 76 AN
JAMES MD, DONALD L, 1301 N WEST, 67203-1347 945-5245 3901710553	KADER MD, GIHAN S, 3311 E MURDOCK ST, 67208-3079 689-9137 60501740066
42 M 3901 81 OTO	49 F 60501 0 N
JAMES MD, PHILIP C, 3311 E MURDOCK, 67208-3054 689-9442 1902840954 51 M 1902 86 PD	KADISON MD, HERBERT I, 929 N SAINT FRANCIS ST, 67214-3821 268-5916 1611690921 44 M 1611 75 R
JANSSON MD, KENNETH A, 905 N EMPORIA, 67214-3715 262-7598 3201820323	KAHN MD, DAVID M, 3311 E MURDOCK ST, 67208-3079 689-9316 3843790517
58 M 3201 91 ORS	54 M 3843 85 OPH
JECHA MD, LARRY D, 1900 E 9TH ST, 67214-3198	KARDATZKE MD, DAVID S, 8200 W CENTRAL STE 1, 67212-3692
268-8391 0 40 M 1902 66 PM	721-4544 1902900698 64 M 1902 0 FP
JEHAN MD, SAYED S, 635 N MAIN, 67203-3602	KARDATZKE MD, JON K, 8200 W CENTRAL ST STE 1, 67212-3661
383-8036 70403590141 33 M 70403 75 P	721-4544 1720620673 36 M 1720 65 FP
JENNEY MD, CHARLES B, 14516 E PAWNEE, 67230-9140	KASHA MD, ROBERT L. 8454 E MOUNT VERNON ST, 67207-5247
0 2834610364 34 M 2834 68 OO	0 2834380504 11 M 2834 46 OO
JENSEN JR MD, JOHN T, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902892041	KASSEBAUM MD, KENNETH G, 8911 E ORME ST, 67207-2473 686-5108 1606600557
58 M 1902 90 AN	34 M 1606 75 CHP
JENSEN MD, DARAN L, 551 N HILLSIDE STE 540, 67214-4928	KATER MD, ERIC D, 3600 E HARRY ST, 67218-3713
685-7234 3005790645 52 M 3005 80 OBG	689-5050 1902820899 56 M 1902 87 DR
JOHNSON MD, CAROL A, 3340 E CENTRAL, 67208-3104	KAUFMAN MD, EUGENE E, 3243 E MURDOCK ST STE 200, 67208-3005
688-3070 1902770727 49 F 1902 78 FP	685-1491 1902560617 30 M 1902 56 ORS
JOHNSON MD, CAROLYN K, 550 N HILLSIDE, 67214-4910	KEITH MD, REX B., 925 N. EMPORIA ST, 67214-3724
651-8580 1902800570 48 F 1902 81 NPM	265-2876 1902850909 59 M 1902 0 FP
JOHNSON MD, DAVID B, 818 N EMPORIA ST STE 403, 67214-3728	KELLER MD, JAMES P, 3311 E MURDOCK ST, 67208-3054
262-4467 702800561	689-9252 1902740631
54 M 702 0 HEM	48 M 1902 75 IM
JOHNSON MD, GEORGE K, 1010 N KANSAS ST, 67214-3199 261-2650 1205670277	KENAGY MD, ROBERT S, 7717 E 29TH N, 67226-3403 636-5585 1902870900
40 M 1205 79 IM	57 M 1902 0 FP
JOHNSON MD, MATTHEW S, 7150 E HARRY ST, 67207-2991 687-2651 1902850887	KENDRICK MD, J GILLERAN, PO BOX 47930, 67201-0000 688-2088 1902460311
59 M 1902 87 FP	20 M 1902 47 ADM
JOHNSON MD, TERESA K, 818 CARRIAGE PKY, 67208-4511 651-2210 1902850895 58 F 1902 86 FP	KENNEDY MD, GERALD T, 551 N HILLSIDE ST STE 410, 67214-4927 684-3838 1902610444 35 M 1902 62 GE
JOHNSON MD, THOMAS E, 3333 E CENTRAL ST STE 214, 67208-3109 685-1291 1643670387 41 M 1643 75 R	KERSCHEN MD, VALARIE L, 1010 N KANSAS ST, 67214-3124 651-8579 1902860980 59 F 1902 0 PD
JOHNSTON MD, SARAH C, 5500 E KELLOGG DR, 67218-1607 685-2221 1902760314	KETTERMAN MD, DIANA K, 925 N EMPORIA, 67214-0000 268-5996 1902852111
51 F 1902 0 IM	58 F 1902 87 FP
JONES MD, JAY S, 1515 S CLIFTON STE 130, 67218-0000 684-8211 64914770864	KEYES MD, MICHAEL J, 2939 N ROCK RD STE 100, 67226-1100 636-4344 2101700669
50 M 64914 0 ORS	44 M 2101 84 P
JONES MD, JON K, 550 N HILLSIDE ST, 67214-4910 688-2239 1902830983	KHICHA MD, GYANCHAND J, 818 N EMPORIA STE 200, 67214-3788 263-0296 49530610071
55 M 1902 88 IM	37 M 49530 73 CDTS
JONES MD, RODNEY L, 1040 RUTLAND ST, 67206-3823	KHOURY MD, GEORGE H, 3333 E CENTRAL STE 416, 67208-3111
634-2696 1803820798 56 M 1803 84 AN	681-2021 33002550101 32 M 33002 75 PD
JOSEPH JR MD, JAMES, 3243 E MURDOCK ST STE 200, 67208-3005	KILGORE III MD, WILLIAM R, 3311 E MURDOCK, 67208-3054
685-1491 702840571 56 M 702 0 ORS	689-9177 3901840881
30 IVI 702 0 ONS	58 M 3901 90 GE

KIM MD, PAIK N, 3243 E MURDOCK STE 300, 67208-3006	KREADY MD, JOHN L, 818 CARRIAGE PKY, 67208-4511
681-0736 58302580403 33 M 58302 75 HEM	685-8231 1902791091 48 M 1902 80 FP
KINDEL MD, VICTORIA W, 551 N HILLSIDE #540, 67214-4928	KRYZER MD, THOMAS C, 427 N HILLSIDE, 67214-0000
685-7234 1902861978 59 F 1902 87 OBG	686-6608 0 57 M 1002 0 OTO
KIPPERMAN MD, ROBERT M, 551 N HILLSIDE STE 410, 67214-4927	KUBINA MD, GLENN RICHARD, 310 S HILLSIDE, 67211-2129
684-3838 30501810084	684-2838 3840730831
53 M 30501 0 CD	47 M 3840 79 OTO
KIRK JR MD, E DAVID, 1431 S BLUFFVIEW DR STE 209, 67218-3039 685-1351 1902620440	KUMAR MD, ARUN, 3333 E CENTRAL #816, 67208-3115 685-5326 49529740106
34 M 1902 63 IM	50 M 49529 85 PD
KIRSCH MD, MARK A, 1650 GEORGETOWN STE 200, 67218-4127 686-7327 1902820953	KURTH MD, C JOSEPH, 27 NORFOLK DR E, 67206-2016 0 3006350312
53 M 1902 85 AN	10 M 3006 37 OO
KISER MD, JOHN L, 3243 E MURDOCK STE 404, 67208-3007	LAI MD, CHUEN-HUEY, 929 N ST FRANCIS, 67214-3821
685-6222 2802620465 37 M 2802 65 GS	268-5428 24405780051 53 F 24405 88 PATH
KISER MD, WILLARD J, 7373 E 29TH ST N #E-115, 67226-3405	LANCE JR MD, JOHN F, PO BOX 8206, 67208-8206
0 4705300211 5 M 4705 34 OO	0 1902450382 20 M 1902 45 OO
KLAFTA MD, LEONARD A, 3311 E MURDOCK, 67208-3054 689-9524 1611620817 37 M 1611 87 NS	LAPOINTE MD, LEON R, 1515 S CLIFTON AVE STE 200, 67218-2952 686-2800 6201650214 42 M 6201 91 N
KLAUMANN MD, MICHELLE, 905 N EMPORIA, 67214-0000	LATIMER MD, KATHERINE, 1650 GEEORGETOWN ST STE 200, 67218-4127
262-7598 0 59 F 1902 88 ORS	686-7327 401750576 49 F 1205 78 AN
KLEIN MD, TERRY D, 7602 E HARRY, 67207-3128	LAUDERT MD, SUSAN E, 550 N HILLSIDE, 67214-0000
682-7411 1902850941 55 M 1902 0 FP	651-8580 1902870985 51 F 1902 92 NEM
KLINGMAN MD, DIANE D, 8100 E 22ND ST N #2200, 67226-2301	LAUER MD, DAVID K, 8200 W CENTRAL ST STE 1, 67212-3661
683-4334 1902790493 53 F 1902 80 FP	721-4544 1902880972 60 M 1902 90 FP
KLONIS D O, DEMOSTHENIS, 551 N HILLSIDE #410, 67214-4927	LAWN MD, CLAUDIA A, 144 S HILLSIDE ST, 67211-2192
684-3838 4878830321	685-3411 1902751536 50 F 1902 77 R
KLUZAK MD, THOMAS R, 550 N HILLSIDE, 67214-4910 688-2836 1643741870	LAWN MD, RAYMOND A, 715 N MISSION RD, 67206-1547 683-8991 2604360431
49 M 1643 88 PATH	9 M 2604 49 AM
KNAPP MD, M ROBERT, 37 VIA ROMA, 67230-1602 0 3519470615	LAWTON MD, STEVEN K, 3311 E MURDOCK ST, 67208-3079 689-9309 1902870993
23 M 3519 55 OO	61 M 3005 92 U
KNEIDEL MD, THOMAS W, 1111 N SAINT FRANCIS ST, 67214-2800	LEAR MD, REX V, 8911 E ORME ST STE D, 67207-2498
267-1924 4101660562 40 M 4101 70 ORS	686-5195 1902861048 60 M 1902 87 P
KNIGHT D O, DENIS D, 118 E 21ST, 67214-0000	LEE JR MD, EDWARD S, 2002 E 17TH ST N, 67214-1849
838-3381 2878870894 56 M 2878 88 GP	0 4707370195 9 M 4707 52 OO
KNIGHT MD, LAURA C, 929 N ST FRANCIS, 67214-3821 268-5912 502680188	LEE MD, MARTIN W, 3243 E MURDOCK ST STE 300, 67208-3089 681-0736 4814820870
42 F 502 0 DR	56 M 4814 86 ON
KNIGHT MD, PHILIP J, 818 N EMPORIA STE 200, 67214-3788 263-0296 502680650	LEE MD, R REX, 6155 E HARRY ST, 67218-3895 682-1754 3901550637
42 M 502 82 PDS	29 M 3901 55 FP
KOEHLER D O, TIMOTHY M, 222 S RIDGE RD, 67209-0000	LEISY MD, JERALD W, 3310 E DOUGLAS AVE STE 101, 67208-3394
945-0142 3979900090 59 M 3979 92 FP	681-2937 1902680582 42 M 1902 70 P
KOEHN MD, NORMAN S, 3311 E MURDOCK, 67208-3054	LEITNER MD, YORAM B, 3311 E MURDOCK ST, 67208-3079
689-9242 3901851815 49 M 3901 0 IM	689-9227 3519770821 53 M 3519 82 OTO
KORTJE MD, DAVID K, 3133 S SENECA, 67217-0000 524-1613 0	LESKO MD, PAUL D, PO BOX 407, 67201-0407 264-9225 5605790820
63 M 3005 90 FP	49 M 5605 0 ORS
KOURI MD, SAMMY H, 551 N HILLSIDE STE 550, 67214-4989 682-2911 3901570387	LEU MD, RICHARD H, 925 N EMPORIA ST, 67214-3724 268-5996 1803740697
33 M 3901 62 GS	48 M 1803 89 FP
KRAUSE MD, ROLAND L, 230 S RUTAN, 67218-1138	LEVINE MD, WILLIAM R, 8911 E ORME ST, 67207-2498
0 1902530505 25 M 1902 53 OO	686-5151 1902670561 42 M 1902 68 P

LIES MD, RICHARD B, 3311 E MURDOCK ST, 67208-3079	MAGIDSON MD, ELLIOTT A, 116 LONGFORD CT, 67206-2424
689-9131 1902680604	689-9275 1611681166
42 M 1902 69 RHU	43 M 1611 21 PATH
LIN MD, JOE J, 929 N ST FRANCIS ST, 67214-3821	MAHER MD, JAMIE L, 818 N EMPORIA STE 101, 67214-0000
268-5420 24404690112 42 M 24404 72 PATH	263-1574 0 62 F 3901 94 AN
LINDHOLM MD, DWIGHT L, 3333 E CENTRAL ST STE 602, 67208-3113 651-0033 1902781044	MAILMAN MD, GERSHOM, 7510 NORFOLK CIR, 67206-2108 0 3519530791
53 M 1902 89 PDN	26 M 3519 57 OO
LIPMAN MD, RANDEE E, 3311 E MURDOCK ST, 67208-3079	MANASCO MD, RONALD R, 1650 GEORGETOWN #200, 67218-4127
689-9370 64935831189 56 F 64935 91 CD	686-7327 512830846 52 M 512 0 AN
LITTELL MD, JAMES A, 929 N ST FRANCIS ST RMC, 67214-3821	MANDELBAUM MD, MARK A, PO BOX 47668, 67201-7668
268-5048 1902711305 44 M 1902 72 EM	684-3838 3901791057 53 M 3901 83 N
LIVINGSTON D.O., DOUGLAS R, 551 N HILLSIDE ST STE 410, 67214-4927	MANN D O, JEFF L, 8444 W 21ST ST, 67205-0000
684-3838 2879770486 52 M 2879 78 PUD	721-9500 0 54 M 5575 0 PD
LOEFFLER MD, JAMES A, 400 N WOODLAWN ST STE 109, 67208-4331	MANNING MD, ROBERT T, 1010 N KANSAS ST, 67214-3199
685-5375 3841630458	261-2622 1902540586
36 M 3841 68 A	27 M 1902 54 IM
LOEWEN MD, WILLIAM C, 8200 W CENTRAL ST STE 1, 67212-3661	MARBACH MD, JAMES C, 3600 E HARRY, 67218-3713
721-4544 1902711275 41 M 1902 72 FP	689-5043 4804830940 57 M 4804 90 RO
LOGAN MD, DONNA L, 855 N HILLSIDE, 67214-0000 685-1381 1902910880	MAREK D O, RON J, 501 N MAIZE RD, 67212-0000 721-5000 0
65 F 1902 92 FP	80 M 3979 0 FP
LOGAN MD, JAMES E, 855 N HILLSIDE, 67214-0000	MARSH MD, CONNIE M, 1100 N ST FRANCIS ST #400, 67214-2878
685-1381 0 65 M 1902 92 FP	264-3222 1902752362 47 F 1902 78 P
LOHNES JR MD, JOHN H, 3333 E CENTRAL ST STE 214, 67208-3109 685-1291 1803820984	MARTIN JR MD, GLEN E, 7504 E 10TH ST CIR N, 67206-3855 0 1902490457
55 M 1803 0 DR	20 M 1902 49 OO
LOKER MD, JAMES L, 3311 E MURDOCK ST, 67208-3079	MARTIN MD, RONALD L, 1010 N KANSAS ST, 67214-3199
689-9264 1902861099 56 M 1902 0 PDC	261-2669 1606710824 45 M 1606 80 P
LOSEE MD. JOHN M. 1650 GEORGETOWN ST. STE 200, 67218-4127	MADVMONT ID NO JESSE H 550 N HILLSIDE 67214-4076
LOSEE MD, JOHN M, 1650 GEORGETOWN ST STE 200, 67218-4127 686-7327 4301770711	MARYMONT JR MD, JESSE H, 550 N HILLSIDE, 67214-4976 688-2847 3515540368
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927
686-7327 4301770711 51 M 4301 82 AN	688-2847 3515540368 28 M 3515 64 PATH
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2878880202 59 F 2878 91 FP	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2878880202	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2878880202 59 F 2878 91 FP LOVETT MD, PAUL A, 110 PATTON, 67208-4437	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2878880202 59 F 2878 91 FP LOVETT MD, PAUL A, 110 PATTON, 67208-4437 0 1902450391 9 M 1902 45 OO LOW MD, HAROLD L, 2481 COOLIDGE, 67204-5615	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2678880202 59 F 2878 91 FP LOVETT MD, PAUL A, 110 PATTON, 67208-4437 0 1902450391 9 M 1902 45 OO LOW MD, HAROLD L, 2481 COOLIDGE, 67204-5615 0 1902440891	688-2847 3515540368 28 M 35155 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2878880202 59 F 2878 91 FP LOVETT MD, PAUL A, 110 PATTON, 67208-4437 0 1902450391 9 M 1902 45 OO LOW MD, HAROLD L, 2481 COOLIDGE, 67204-5615 0 1902440891 18 M 1902 44 OO	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2678880202 59 F 2878 91 FP LOVETT MD, PAUL A, 110 PATTON, 67208-4437 0 1902450391 9 M 1902 45 OO LOW MD, HAROLD L, 2481 COOLIDGE, 67204-5615 0 1902440891	688-2847 3515540368 28 M 35155 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2878880202 59 F 2878 91 FP LOVETT MD, PAUL A, 110 PATTON, 67208-4437 0 1902450391 9 M 1902 45 OO LOW MD, HAROLD L, 2481 COOLIDGE, 67204-5615 0 1902440891 18 M 1902 44 OO LOWER MD, TERI A, 3311 E MURDOCK, 67208-0000	688-2847 3515540368 28 M 35155 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2878880202 59 F 2878 91 FP LOVETT MD, PAUL A, 110 PATTON, 67208-4437 0 1902450391 9 M 1902 45 OO LOW MD, HAROLD L, 2481 COOLIDGE, 67204-5615 0 1902440891 18 M 1902 44 OO LOWER MD, TERI A, 3311 E MURDOCK, 67208-0000 689-9269 1902870349 60 F 1902 88 A LUCAS MD, GEORGE L, 3311 E MURDOCK, 67208-3054	688-2847 3515540368 28 M 35155 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 2661-2622 1902741662
686-7327	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0
686-7327	688-2847 3515540368 28 M 35155 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH
686-7327	688-2847 3515540368 28 M 35155 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000
686-7327	688-2847 3515540368 28 M 35155 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH
686-7327	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1992450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000 689-9367 0
686-7327 4301770711 51 M 4301 82 AN LOUIS D O, MICHELLE, 7717 E 29TH ST N, 67226-3403 636-5585 2878880202 59 F 2878 91 FP LOVETT MD, PAUL A, 110 PATTON, 67208-4437 0 1902450391 9 M 1902 45 OO LOW MD, HAROLD L, 2481 COOLIDGE, 67204-5615 0 1902440891 18 M 1902 44 OO LOWER MD, TERI A, 3311 E MURDOCK, 67208-0000 689-9269 1902870349 60 F 1902 88 A LUCAS MD, GEORGE L, 3311 E MURDOCK, 67208-3054 689-9495 1001610542 34 M 1001 84 ORS LUDLOW MD, MICHAEL G, 8200 W CENTRAL STE 1, 67212-3661 721-4544 1902821054	688-2847 3515540368 28 M 35155 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000 689-9367 0 60 M 49528 0 END
686-7327	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000 689-9367 0 60 M 49528 0 END MCBOYLE MD, MARILEE, 818 N EMPORIA STE 200, 67214-3788 263-0296 1902770867 52 F 1902 78 GS MCCLANAHAN MD, WARD A, 1515 S CLIFTON STE 130, 67218-2951
686-7327	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000 689-9367 0 60 M 49528 0 END MCBOYLE MD, MARILEE, 818 N EMPORIA STE 200, 67214-3788 263-0296 1902770867 52 F 1902 78 GS MCCLANAHAN MD, WARD A, 1515 S CLIFTON STE 130, 67218-2951 684-8211 3005480409
686-7327	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000 689-9367 0 60 M 49528 0 END MCBOYLE MD, MARILEE, 818 N EMPORIA STE 200, 67214-3788 263-0296 1902770867 52 F 1902 78 GS MCCLANAHAN MD, WARD A, 1515 S CLIFTON STE 130, 67218-2951 684-8211 3005480409 22 M 3005 49 ORS
686-7327	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000 689-9367 0 60 M 49528 0 END MCBOYLE MD, MARILEE, 818 N EMPORIA STE 200, 67214-3788 263-0296 1902770867 52 F 1902 78 GS MCCLANAHAN MD, WARD A, 1515 S CLIFTON STE 130, 67218-2951 684-8211 3005480409 22 M 3005 49 ORS MCCLELLAN MD, ERNEST L, PO BOX 8149, 67208-0149
686-7327	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000 689-9367 0 60 M 49528 0 END MCBOYLE MD, MARILEE, 818 N EMPORIA STE 200, 67214-3788 263-0296 1902770867 52 F 1902 78 GS MCCLANAHAN MD, WARD A, 1515 S CLIFTON STE 130, 67218-2951 684-8211 3005480409 22 M 3005 49 ORS
686-7327	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000 689-9367 0 60 M 49528 0 END MCBOYLE MD, MARILEE, 818 N EMPORIA STE 200, 67214-3788 263-0296 1902770867 52 F 1902 78 GS MCCLANAHAN MD, WARD A, 1515 S CLIFTON STE 130, 67218-2951 684-8211 3005480409 22 M 3005 49 ORS MCCLELLAN MD, ERNEST L, PO BOX 8149, 67208-0149 685-9633 4802700895 38 M 4802 73 AN
686-7327	688-2847 3515540368 28 M 3515 64 PATH MATASSARIN MD, BENJAMIN M, 551 N HILLSIDE #410, 67214-4927 684-3838 1902450412 20 M 1902 45 IM MATASSARIN MD, FREDERICK W, 734 N EMPORIA, 67214-3707 265-2382 1902370397 15 M 1902 37 U MAURICIO MD, DENNY G, 2456 N WOODLAWN, 67220-3902 685-1382 1401850836 54 M 0 87 FP MAWDSLEY MD, MICHAEL W, 1010 N KANSAS, 67214-3124 261-2622 1902741662 49 M 1902 75 PD MAY MD, CORRI L, 532 N BROADWAY, 67214-0000 263-2635 0 48 F 2105 93 PATH MAYUR MD, NITIN N, 3311 E MURDOCK ST, 67208-0000 689-9367 0 60 M 49528 0 END MCBOYLE MD, MARILEE, 818 N EMPORIA STE 200, 67214-3788 263-0296 1902770867 52 F 1902 78 GS MCCLANAHAN MD, WARD A, 1515 S CLIFTON STE 130, 67218-2951 684-8211 3005480409 22 M 3005 49 ORS MCCLELLAN MD, ERNEST L, PO BOX 8149, 67208-0149 685-9633 4802700895

MCCOY MD, C PATRICK, 1650 GEORGETOWN #200, 67218-4127	MENEHAN MD, H JAMES, 9006 PEPPERTREE CIR, 67226-1513
686-7327 1902791261 53 M 1902 83 AN	0 1902530581 26 M 1902 53 OO
MCCOY MD, CHARLES P, 1211 RUTLAND, 67206-0000 0 3006420302	MENKING MD, F W MANFRED, 3311 E MURDOCK ST, 67208-3079 689-9336 40715610037
17 M 3006 42 OO	34 M 40715 74 PD
MCDONALD MD, TERENCE, 550 N HILLSIDE, 67214-0000 688-2239 1902821186	MENKING MD, SUSAN M, 1010 N KANSAS ST, 67214-3199 261-2631 3840671461
52 M 1902 92 IM	41 F 3840 77 PD
MCDONOUGH MD, W DAVID, 3311 E MURDOCK, 67208-3054 689-9239 3305761337	MERCADER MD, MARIO S, 1650 GEORGETOWN ST STE 200, 67218-4127 686-7327 74801690151
48 M 3305 82 U	43 M 74801 78 AN
MCGUIRE MD, CHARLES W, 3333 E CENTRAL STE 214, 67208-3109 685-1291 1803841124	MEREDITH MD, W TOM, 1035 N EMPORIA ST #105, 67214-2998 263-7285 4812610681
57 M 1803 0 DR	35 M 4812 69 IM
MCGUIRE MD, WILLIAM F, 8725 STONERIDGE, 67206-2440 0 4101431601	MERRIFIELD MD, TERRY S, 818 CARRIAGE PKY, 67208-4511 685-8231 1002751221
17 M 4101 49 OO	47 F 1002 76 FP
MCINNIS MD, DALTON B, 2405 E PAWNEE, 67211-5455 685-2153 3901710766 45 M 3901 88 FP	MERSHON MD, JAMES C, PO BOX 2517, 67201-2517 263-5889 1803630727 37 M 1803 70 CD
MCKAY MD, ROBERT S, PO BOX 782438, 67278-2438 685-4389 3901831067 56 M 3901 84 AN	MESSAMORE MD, DEBRA L, 551 N HILLSIDE ST STE 540, 67214-4928 685-7234 1902841250 58 F 1902 0 OBG
MCMASTER MD, JOHN F, 315 N HILLSIDE #B, 67214-4915	MESSNER MD, STAN A, 8200 W CENTRAL ST, 67212-3661
681-0423 2106821146 54 M 2106 83 FP	721-4544 1902831262 56 M 1902 84 FP
MCMULLEN MD, BRUCE R, 1122 S CLIFTON, 67218-2913	MEYER MD, WARREN E, 130 BRENDONWOOD CT, 67206-2102
682-5012 4002790713 53 M 4002 80 IM	684-9713 1606511139 27 M 1606 58 OO
MCNAMARA MD, PATRICIA, 2703 E CENTRAL, 67214-4610	MICHELBACH MD, ALBERT P, 4815 E CENTRAL, 67208-4014
685-1277 0 60 F 3806 91 OBG	686-4750 2101610643 35 M 2101 66 IM
MCNICKLE MD, GEORGE A, 222 S RIDGE RD, 67209-2113	MILFELD MD, DOUGLAS J, 818 N EMPORIA STE 200, 67214-3788
945-0142 1902750742	263-0296 4804720443
49 M 1902 0 FP	45 M 4804 79 CDTS
MCQUEEN MD, DAVID A, 905 N EMPORIA BOX 3298, 67214-3715 262-7598 64914750138	MILLER MD, DAVID P, 7111 E 21ST, 67206-1078 684-2851 2803770649
47 M 64914 77 ORS	50 M 2803 78 FP
MEANS MD, MILA L, 818 CARRIAGE PKY, 67208-4511 685-8231 1902821232	MILLER MD, ROGER M, 1431 S BLUFFVIEW STE 205, 67218-3039 687-3201 4102630888
56 F 1902 83 FP	37 M 4102 83 BLB
MEEK JR MD, JOSEPH C, 1010 N KANSAS ST, 67214-3199	MILLER MD, TODD A, 8200 W CENTRAL STE 1, 67212-3661
261-2600 1902570582 31 M 1902 57 IM	721-4544 1902810559 55 M 1902 82 FP
MEHTA MD. PRAFUL. 940 N TYLER STE 100. 67212-0000	MILLS MD, PHILIP R, 8338 W 13TH, 67212-2900
721-1111 48 M 49579 0 FP	729-1030 512751938 49 M 512 0 PM
MEISEL JR MD, RICHARD L, 3243 E MURDOCK STE 201, 67208-3005 688-7990 1902831254 53 M 1902 84 OBG	MINNS MD, GAROLD O, 1010 N KANSAS ST, 67214-3199 261-2650 1902760969 51 M 1902 77 IM
MEISTER MD, GREGORY C, 1120 S CLIFTON, 67218-0000 681-2108 0 58 M 3006 93 AN	MIRANDA MD, JOSEPH R, 3311 E MURDOCK, 67208-3054 689-9422 4812791155 52 M 4812 0 DR
MELEAN MD, JAIME, 1152 S CLIFTON AVE, 67218-2913 688-0321 17602670015 40 M 17602 78 CD	MOELLER MD, CHRISTOPHER A, 835 N HILLSIDE, 67214-4913 685-4395 1803831137 55 M 1803 87 D
MELHORN MD, J MARK, 625 N CARRIAGE PKY STE 125, 67208-4510 688-5656 1902791317 53 M 1902 82 ORS	MONTGOMERY-SHORT MD, RUTH G, 1019 W 50TH NORTH, 67204-2707 0 1902370435 10 F 1902 37 OO
MELHORN MD, KATHERINE J, 3243 E MURDOCK ST LEVEL A, 67208-3052	MOORE MD, DENNIS F, 3311 E MURDOCK, 67208-3054
688-3110 1902810532 55 F 1902 83 PD	689-9250 2101620878 36 M 2101 64 HEM
	MORFORD MD, RONALD G, 4165 N CLARENDON ST, 67220-1907
MENAKER MD, JEROME S, 2703 E CENTRAL ST, 67214-4610 685-1277 1002410423	688-2468 1902741395
16 M 1002 49 OBG	47 M 1902 75 EM
MENDIONES MD, L MARLENE, 8100 E 22ND ST N #1700-3, 67226-2317 687-5733 1611701078	MORGAN III MD, LOUIS S, 8030 E KELLOGG, 67207-1808 683-3811 3901480353
45 F 1611 75 D	22 M 3901 49 FP

MORGAN MD, JAMES I, 3124 S SENECA ST, 67217-3244 522-2266 1606530834	NEEL MD, JAMES W, 551 N HILLSIDE STE 410, 67214-0000 684-3838 0
29 M 1606 56 FP	53 M 1902 92 CD
MORGAN MD, MITCH A, 3243 E MURDOCK STE 500, 67208-0000 688-7300 1902891281 63 M 1902 92 IM	NELSON JR MD, GUST H, 9127 AUTUMN CHASE ST, 67206-4021 0 1902460426 23 M 1902 46 OO
MORGAN MD, RANDALL J, 345 N HILLSIDE, 67214-4905	NELSON MD, GERALD D, 825 N HILLSIDE ST, 67214-4913
682-4572 1902770999 52 M 1902 0 OBG	688-7500 1902600601 34 M 1902 61 PS
MORRIS MD, HARRY A, PO BOX 3298, 67201-3298 262-7598 3605800717	NELSON MD, RUSSELL A, 550 N HILLSIDE ST, 67214-4976 651-8580 1902450510
53 M 3605 91 ORS	18 M 1902 45 PD
MORRISON MD, RICHARD L, 1148 S HILLSIDE ST STE 102, 67211-4005 684-3391 1902670676 42 M 1902 68 FP	NESMITH MD, LESLIE W, 530 N LORRAINE ST ST STE 100, 67214-4837 683-5611 1902660760 40 M 1902 67 OPH
MORROW MD, THOMAS F, 3310 E DOUGLAS AVE, 67208-3310	NETHERTON MD, DAVID M, 315 N HILLSIDE ST STE A, 67214-4915
685-1443 5606460980 21 M 5606 51 P	686-3391 2803810748 55 M 2803 82 FP
MORTENSEN MD, STEEN E, 3311 E MURDOCK, 67208-0000	NEUMAN MD, MICHAEL J, 929 N SAINT FRANCIS, 67214-3882
689-9565 0	268-5922 5605860933 60 M 5605 91 DR
MOSER MD, SCOTT E, 3340 E CENTRAL ST, 67208-3104 688-3070 4804802351	NEWBY MD, JAMES P, 818 N EMPORIA ST STE 200, 67214-3788 263-0296 1902590656
55 M 4804 87 FP	34 M 1902 70 CDTS
MOSIER MD, STANLEY J, 818 CARRIAGE PKY, 67208-4511 685-8231 1902680701	NEWLIN MD, PHILIP L, 3311 E MURDOCK, 67208-0000 689-9278 0
42 M 1902 69 FP	61 M 1902 0 PD
MROZ MD, MARY K, 3340 E CENTRAL ST, 67208-3104	NEWSOM MD, F CARTER, 3310 E DOUGLAS AVE, 67208-3310
688-3070 1846810440 57 F 2846 87 FP	685-1443 1201430549 18 M 1201 50 P
MUELLER MD, MICHAEL A, 1650 S GEORGETOWN ST STE 200, 67218-4127	NICHOLAS MD, W JOHN, 551 N HILLSIDE STE 410, 67214-0000
686-7327 1902861242 60 M 1902 89 AN	684-3838 0 53 M 64914 0 CD
MULLINIX MD, JANICE M, 3311 E MURDOCK ST, 67208-3079 689-9137 2802731089	NIELSEN MD, MARY L, 3333 E CENTRAL ST STE 721, 67208-3114 681-2741 1902771081
47 F 3006 77 N	47 F 1902 78 PATH
MURATI MD, PEDRO A, 250 N ROCK RD STE 210, 67206-0000 681-2420 3508881184	NIERNBERGER D O, JERRY E, 3236 N ROCK RD #190, 67226-0000 634-1200 2878850541
62 M 3508 92 PM	52 M 2878 86 GP
MURPHY MD, BARRY L, 3243 E MURDOCK ST STE 500, 67208-3008	NIXON MD, WILLIAM A, 2916 MENLO, 67211-3838
688-7300 1902710767 45 M 1902 72 IM	0 1902441111 16 M 1902 44 OO
MURPHY MD, DUANE A, 3243 E MURDOCK ST STE 200, 67208-3005	NOLAN D O, PHYLLIS C, 551 N HILLSIDE STE 410, 67214-0000
685-1491 1902650659 32 M 1902 66 ORS	684-3838 3979830113 59 F 3979 0 GP
MURPHY MD, PATRICK L, 7150 E HARRY ST, 67207-2991 687-2651 3901811198	NOLLA MD, LORAINE B, 3311 E MURDOCK, 67208-0000 689-9234 1902890161
55 M 3901 82 FP	60 F 1902 90 OBG
MURPHY MD, PAUL M, 3600 E HARRY ST, 67218-3713 689-5050 3006510492	NORMAN MD, BENJAMIN R, 2757 S SENECA, 67217-2862 264-5182 1902851361
28 M 3006 57 R	56 M 1902 86 FP
MURPHY MD, PAUL W, 8911 E ORME ST, 67207-2473	NORRIS MD, ROBERT P, 8649 E CHERRY CREEK CT, 67207-5218
686-5151 1902821348 49 M 1902 83 P	0 1902430594 17 M 1902 43 OO
MURPHY MD, WILLIAM R C, 818 N EMPORIA ST STE 200, 67214-3788	NORTH MD, DORIS G, 1148 S HILLSIDE, 67211-4005
263-0296 1602680441 43 M 1611 0 CDTS	684-5257 1902470413 16 F 1902 47 FP
MURROW MD. RICHARD W. 3243 E MURDOCK ST STE 500, 67208-3008	
688-7300 1902851280 57 M 1902 86 N	NORTON MD, ROBERT K, 3311 E MURDOCK, 67208-3054 689-9235 1001570702 32 M 1001 67 PD
MYRICK MD, MICKEY C, 1131 S CLIFTON AVE, 67218-2990	O'DEA MD, TIMOTHY O, 1650 GEORGETOWN STE 200, 67218-4127
689-5500 3005740702 42 M 1803 0 FP	686-7327 5404791291 53 M 5404 91 AN
NACHTIGALL MD, ANDREW, 222 S RIDGE RD, 67209-7570	O'DONNELL JR MD, LEONARD A, 32 NORFOLK, 67208-4425
945-5400 1902590621 28 M 1902 64 PD	0 1902550883 27 M 1902 55 OO
NASH MD, CYNTHIA I, 9350 E CENTRAL ST STE 100, 67206-2555 636-2662 5107880536	OCHSNER MD, BRUCE B, 1100 N TOPEKA ST, 67214-2810 263-6273 1902650667
60 F 5107 89 FP	39 M 1902 66 OPH

ODENHEIMER MD, BURTRAM J, 3311 E MURDOCK, 67 689-9137 2105731011	208-3054	267-8521		16 SPAULDING, 1 3870017	67203-3258	
	N	48	M	14303	90	FP
OLMSTEAD MD, CALVIN G, 818 N EMPORIA STE 411, 268-6856 6002790139	67214-3728	PEERY MD, 261-2650		H, 1010 N KANSA 731103	S ST, 67214-31	99
	N	46	M	4802	82	IM
ORTH-BAALMAN MD, DIANE M, 222 S RIDGE RD, 6720 945-5400 1902821402	9-2113	PELLETIER 651-3654		WRENCE L, 5500 580841	E KELLOGG,	67218-1607
	PD	42	M	3501	71	IM
OSIO MD, ANTONIO L, 2450 N WOODLAWN ST, 67220-	3902			D, 3311 E MURE	OCK, 67208-30	054
689-8677 26404660097 41 M 26404 72	EM	689-9468 42	M 19026	880779 1902	69	ORS
OSOBA MD, WILLIAM G, 315 N HILLSIDE ST #C, 67214	-4492			D, 855 N HILLSI	DE, 67214-4913	3
685-1461 2802510635 25 M 2802 54	FP	685-1381 55	19028 M	331441 1902	86	FP
OSTER MD, JOYCE A, 3311 E MURDOCK, 67208-3054				THERINE, 2113 S	BLUFF CT, 67	218-4924
689-9422 1902791422 54 F 1902 80	DR		902430641 F	1902	43	00
OUANO JR MD, BIBIANO B, 1431 BLUFFVIEW ST #112.	, 67218-3039	PERALES N	ND, MERCE	DES, 1100 N SAI	NT FRANCIS S	T #400, 67214-2878
684-5094 74801634391 40 M 74801 79	U	264-3222 57	4934	310081 0	85	Р
OWEN MD, LARUE W, 236 N BELMONT, 67208-3805		PERERIE M	ID. JERRY	D, 1100 N SAINT	FRANCIS STE	130, 67214-2878
0 1902500517 19 M 1902 50	00	264-3505 48		752559 1902	76	IM
OXLEY MD, DWIGHT K, 550 N HILLSIDE, 67214-4910				J, 3311 E MURE		
688-2810 1902620644	PATH		2803		79	IM
OZANNE MD, STEPHEN, 1507 W 21ST, 67203-2449				Y L, 818 N EMPC		
838-2020 2301811147	ORS	265-1441		1902	81	GS
PAGE D O, LESLIE F, PO BOX 4446, 67204-0446	Ono			G, 1969 W 21ST		
685-5691 2878820889	000	832-9024	1902	351409	89	FP
	OBG	58	M	1902		
PAGE MD, PATRICK B, 14608 WILLOWBEND CIR, 6723 733-9815 0		0 19	02530661	117 BRENDENWO		
	EM	21	M	1902	53	00
PAGE MD, RUTH, 1051 N STRATFORD, 67206-1347 0 1902430616		721-5000	0) S, 501 N MAIZE		
	00	57	М	2879	92	GP
PALKO MD, WILLIAM M, 1159 N RUTLAND CT, 67206-3 688-2809 4114820682	833		0, MARVIN 303480377	F, 125 N ZELTA,	67206-2750	
56 M 4114 87	BLB	22	М	1803	80	00
PALMER MD, DAVID L, PO BOX 9450, 67277-0450 722-9132 1902630631			D, CURTIS 1902	B, 550 N HILLSII 341446	DE, 67214-0000	•
37 M 1902 64	A	57	М	1902	85	PD
PANKOW MD, KIMBERLY J, 2939 N ROCK RD S-100, 6 636-4344 1902832153	7226-1100		ID, JACOB 902350345	A, 556 BROADMO	OOR CT, 67206	-1647
	P	6	М	1902	35	00
PANKOW MD, LARRY M, 2939 N ROCK RD #100, 67226 636-4344 1902831424	6-1100	PIRELA-CR 689-9282		GUEL A, 3311 E M B01218	URDOCK ST,	67208-3079
	Р	52	М	4113	92	ORS
PARKER MD, HAROLD L, 7027 FARMVIEW CT, 67206-1	1075	POLING ME 682-7411		, 7602 E HARRY 520717	ST, 67207-3128	3
	00	36	M	1902	63	FP
PARMAN MD, CRAIG R, 2757 S SENECA, 67217-2862				EY E, 3600 E HA	RRY ST, 67218	-3713
264-5182 1902841403 56 M 1902 87	FP	689-5668 30	0 M	3007	84	PATH
PASSMAN MD, STEVEN M, 835 N HILLSIDE, 67214-491	3	POLLOCK I		NY G A, 825 N E	MPORIA ST, 6	7214-3709
685-4395 2803730671 47 M 2803 83	D	264-2806 45	9190 M	5710023 80305	76	ORS
PATTON MD, J MICHAEL, 990 GEORGE WASHINGTON	I BLVD, 67211-3800	POOLE MD	, BERNARD	T, 825 N EMPO	RIA ST, 67214-	3709
686-2111 3005780941	FP	264-2806 37	5390 M	2620318 53902	73	ORS
PAXTON MD, EDWARD S, 3600 E HARRY, 67218-3713				L, 635 N MAIN, 6		
689-5672 2802770815	PATH		1606 M		63	Р
PAY MD, NORMAN T, 929 N ST FRANCIS, 67214-3821						310, 67218-2953
268-5914 74802680191	NR	686-1991 59		1902 1902	85	GS
19002 11	141	39	IVI	1002	50	

PEEL MD, KERRY A, 816 SPAULDING, 67203-3258

ODENHEIMER MD, BURTRAM J, 3311 E MURDOCK, 67208-3054

PRESKORN MD, SHELDON H, 1100 N ST FRANCIS STE 400, 67214-3821	REISWIG MD, GARY W, 8200 W CENTRAL STE 1, 67212-3692
291-4774 1902740879 48 M 1902 75 P	721-4544 1902891524 62 M 1902 0 FP
48 M 1902 75 P	62 M 1902 0 FP
PULLMAN MD, NORMAN K, 6802 E 25TH ST N, 67226-0000	REISWIG MD, JEFFREY S, 8200 W CENTRAL ST STE 1, 67212-3661
0 3006450406	721-4544 1902861382
21 M 3006 53 OO	60 M 1902 87 FP
PURINTON MD, LEW W, 1431 S BLUFFVIEW DR STE 109, 67218-3039	RELIHAN MD, DONALD A, 655 N WOODLAWN ST, 67208-3648
689-6396 1902480371	684-5158 1902540799
23 M 1902 48 IM	27 M 1902 54 OPH
RADOVANOV MD, RADMILA, PO BOX 780446, 67278-0446	REMPEL MD, JOHN H, 1515 S CLIFTON AVE STE 240, 67218-2952
683-1243 95702600082	685-1812 3901620660
34 F 95702 72 R	38 M 3901 70 PS
DACUAYAN MO DADURA D 4005 N EMBODIA OT 1045 07044 0000	DELICOED MD I AVAIE M 4005 NI EMPORIA CTE 040 07044 0000
RAGHAVAN MD, PARULA P, 1035 N EMPORIA ST #245, 67214-2939 262-7662 49501710783	REUSSER MD, LAYNE M, 1035 N EMPORIA STE 210, 67214-0000 265-1308 1902861391
47 F 49501 80 IM	265-1308 1902861391 60 M 1902 93 CD
47 1 49301 60 1101	00 N 1902 93 OD
RAGHAVAN MD, PRAKASH V, 1035 N EMPORIA ST #245, 67214-2939	REYES MD, GERARDO, 929 N ST FRANCIS, 67214-0000
262-7662 49501701091	268-8168 0
46 M 49501 80 CD	60 M 4101 0 PD
RANDALL MD, GEORGE R, 310 S HILLSIDE ST, 67211-2129	REYNOLDS MD, TERESA A, 3311 E MURDOCK ST, 67208-3079
684-2838 2802690617	689-9400 1902810648
43 M 2802 77 OTO	52 F 1902 88 IM
RANDLES MD, MICHAEL J, PO BOX 487, 67201-0487	RHODES MD, LOWELL M, 1571 SIEFKIN LN, 67208-2415
685-5696 1902731420	0 1902530742
48 M 1902 75 IM	25 M 1902 53 OO
DALICA ID NO EDANGIOGO O 11110 CIDE CT 07011 1005	DIFOED MO. EDNEST II 5000 DOLO DE 07000 0000
RAUSA JR MD, FRANCISCO C, 1148 S HILLSIDE ST, 67211-4005	RIEGER MD, ERNEST H, 5922 POLO DR, 67208-2666 0 1902560960
682-4535 74810660264 42 M 74808 76 IM	0 1902560960 29 M 1902 56 OO
42 IVI 74000 70 IIVI	29 W 1902 50 OO
RAWCLIFFE JR MD, ROBERT A, 1111 N SAINT FRANCIS ST, 67214-2800	RIGGS MD, KAY R, 3236 N ROCK RD STE 190, 67226-1337
267-1924 3501550778	634-1200 1902881961
29 M 3501 63 ORS	54 F 1902 89 PD
25 5501 55 5715	0. , 1002 00 10
RAZEK MD, HANA A, 929 N SAINT FRANCIS ST, 67214-3821	RIORDAN MD, HUGH D, 3100 N HILLSIDE ST, 67219-3904
268-6142 91504710217	682-3100 5605570579
47 F 33004 0 PATH	32 M 5605 59 P
RAZEK MD, ZACK A, 818 N EMPORIA ST STE 200, 67214-3788	RIVERA D O, DARLA K, 7111 E 21ST ST, 67206-1078
263-0296 60501700242	684-2851 2878870479
46 M 60501 77 CDTS	61 F 2878 89 FP
DELOCAL CONTRACTOR CON	
READER MD, G WHITNEY, 933 N TOPEKA ST, 67214-3620	RIVERA-ORTIZ MD, EPIFANIO, 2450 N WOODLAWN ST, 67220-3902
263-5889 2101751492	689-8677 4201760831
263-5889 2101751492 48 M 2101 81 CD	689-8677 4201760831 51 M 4201 0 FP
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006	689-8677 4201760831 51 M 4201 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0	689-8677 4201760831 51 M 4201 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006	689-8677 4201760831 51 M 4201 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0	689-8677 4201760831 51 M 4201 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM	689-8677 4201760831 51 M 4201 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455	689-8677 4201760831 51 M 4201 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO	689-8677 4201760831 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910 651-8580 38501670062 41 M 38501 82 PD
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913	689-8677 4201760831 51 M 4201 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910 651-8580 38501670062 41 M 38501 82 PD ROBERTS D O, ROGER W, PO BOX 47668, 67201-7668
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740	689-8677 4201760831 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910 651-8580 38501670062 41 M 38501 82 PD ROBERTS D O, ROGER W, PO BOX 47668, 67201-7668 684-3838 2879750230
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913	689-8677 4201760831 51 M 4201 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910 651-8580 38501670062 41 M 38501 82 PD ROBERTS D O, ROGER W, PO BOX 47668, 67201-7668
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740 30 M 1902 59 FP	689-8677 4201760831 51 M 4201 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910 651-8580 38501670062 41 M 38501 82 PD ROBERTS D O, ROGER W, PO BOX 47668, 67201-7668 684-3838 2879750230 49 M 2879 78 CD
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740 30 M 1902 59 FP REDDI MD, RAGHUNATH P, 3600 E HARRY ST, 67218-3713	689-8677 4201760831 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910 651-8580 38501670062 41 M 38501 82 PD ROBERTS D O, ROGER W, PO BOX 47668, 67201-7668 684-3838 2879750230 49 M 2879 78 CD ROBERTSON MD, JOSEPH K, 9105 PEPPERTREE CIR, 67226-1516
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740 30 M 1902 59 FP REDDI MD, RAGHUNATH P, 3600 E HARRY ST, 67218-3713 689-5043 49521640226	689-8677 4201760831 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910 651-8580 38501670062 41 M 38501 82 PD ROBERTS D O, ROGER W, PO BOX 47668, 67201-7668 684-3838 2879750230 49 M 2879 78 CD ROBERTSON MD, JOSEPH K, 9105 PEPPERTREE CIR, 67226-1516 263-0296 3901660793
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740 30 M 1902 59 FP REDDI MD, RAGHUNATH P, 3600 E HARRY ST, 67218-3713	689-8677 4201760831 0 FP ROACH MD, NEIL E, 8911 E ORME CHARTER CL, 67207-2498 686-5108 1902670820 38 M 1902 68 P ROAN MD, YEAI, 550 N HILLSIDE ST, 67214-4910 651-8580 38501670062 41 M 38501 82 PD ROBERTS D O, ROGER W, PO BOX 47668, 67201-7668 684-3838 2879750230 49 M 2879 78 CD ROBERTSON MD, JOSEPH K, 9105 PEPPERTREE CIR, 67226-1516
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740 30 M 1902 59 FP REDDI MD, RAGHUNATH P, 3600 E HARRY ST, 67218-3713 689-5043 49521640226 36 M 49521 80 R	689-8677
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263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740 30 M 1902 59 FP REDDI MD, RAGHUNATH P, 3600 E HARRY ST, 67218-3713 689-5043 49521640226 36 M 49521 80 R REED MD, A J, 2456 N WOODLAWN ST, 67220-3902	689-8677
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263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740 30 M 1902 59 FP REDDI MD, RAGHUNATH P, 3600 E HARRY ST, 67218-3713 689-5043 49521640226 36 M 49521 80 R REED MD, A J, 2456 N WOODLAWN ST, 67220-3902 685-5691 3901650704 40 M 3901 67 EM REED MD, D CRAMER, 7520 E 21ST ST N STE 22, 67206-1086	689-8677
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263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740 30 M 1902 59 FP REDDI MD, RAGHUNATH P, 3600 E HARRY ST, 67218-3713 689-5043 49521640226 36 M 49521 80 R REED MD, A J, 2456 N WOODLAWN ST, 67220-3902 685-5691 3901650704 40 M 3901 67 EM REED MD, D CRAMER, 7520 E 21ST ST N STE 22, 67206-1086 0 2802410703 15 M 2802 46 OO REED MD, DAVID D, 3333 E CENTRAL ST STE 214, 67208-3109 685-1291 1902690880 43 M 1902 70 DR REED MD, WILLIAM R, 550 N HILLSIDE ST, 67214-4910	689-8677
263-5889	689-8677
263-5889 2101751492 48 M 2101 81 CD REALS MD, THOMAS C, 3243 E MURDOCK ST STE 500, 67208-3006 688-7300 0 59 M 3006 92 IM REALS MD, WILLIAM J, 706 STRATFORD, 67206-1455 0 3006450422 20 M 3006 46 OO REAZIN MD, WALTER L, 855 N HILLSIDE ST, 67214-4913 685-1381 1902580740 30 M 1902 59 FP REDDI MD, RAGHUNATH P, 3600 E HARRY ST, 67218-3713 689-5043 49521640226 36 M 49521 80 R REED MD, A J, 2456 N WOODLAWN ST, 67220-3902 685-5691 3901650704 40 M 3901 67 EM REED MD, D CRAMER, 7520 E 21ST ST N STE 22, 67206-1086 0 2802410703 15 M 2802 46 OO REED MD, DAVID D, 3333 E CENTRAL ST STE 214, 67208-3109 685-1291 1902690880 43 M 1902 70 DR REED MD, WILLIAM R, 550 N HILLSIDE ST, 67214-4910	689-8677
263-5889	689-8677
263-5889	689-8677
263-5889	689-8677
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263-5889	689-8677
263-5889	689-8677
263-5889	689-8677
263-5889	689-8677

ROMALIS MD, BRIAN E, 1431 S BLUFF 682-5069 6201630086	VIEW ST STE 116, 67218-3039	SCHLAGECK MD, JOS 721-4544 1902	EPH G, 10300 W 821691	MAPLE, 67209	-3135
39 M 6201	73 P	55 M		85	FP
ROSE MD, SHELBY D, 3333 E CENTRA	AL ST STE 721, 67208-3114	SCHLICHER MD, JOHI		DOCK, 67208-3	054
681-2741 2012680476 40 M 2012	71 PATH	689-9344 1803 40 M	660936 1803	72	D
ROSEN MD, DAVID, 818 N EMPORIA S	TE 307, 67214-3725	SCHLUETER MD, JOH		DE, 67211-214	7
263-4311 1902740950 48 M 1902	75 PD	685-9289 3841 31 M	560654 3841	62	R
ROSENBERG MD, THOMAS F, 2627 E	CENTRAL ST, 67214-4608	SCHNEIDER MD, SETI	H A, 2627 E CENT	ΓRAL, 67214-46	608
684-0501 1642680575 41 M 1642	72 A	684-0501 1642 53 M		80	Α
ROSS IV MD, ALBERT M, 3311 E MURI	DOCK, 67208-3054	SCHNELLE MD, JOAC		OGG, 67218-1	336
689-9160 1902851522 58 M 1902	90 PD	682-6551 4093 44 M	3700030 40933	73	FP
ROSS MD, DENNIS LEE, 1035 N EMPC	DRIA ST #105, 67214-2998	SCHOPF MD, CLIFTON	N C, 2902 RIVER	PARK DR, 6720	03-2077
263-7285 3005730855 47 M 3005	78 NEP	0 1902570779 29 M	1902	57	00
ROWLAND MD, JOHN C, 3333 E CENT	RAL ST STE 408, 67208-3111	SCHWARTZ MD, V DE	AN, 335 WHITFIE	LD PL, 67206-1	918
682-0411 0 53 M 1902	92 PD	0 1902480401 24 M	1902	48	00
ROYAL MD, LOUIS R, 1655 SHERWOO		SCOTT MD, WILLIAM I			
688-5158 3901731046 48 M 3901	91 FP		650433	73	CD
RUMISEK MD, JOHN D, 818 N EMPORI	IA STE 200, 67214-3788	SEERY MD, DONALD	S, 1131 S CLIFTO	N, 67218-0000	
263-0296 4804752345 50 M 4804	0 CDTS	689-5500 1902 51 M	901414 1902	91	FP
RUSSELL MD, PHILIP W, 3311 E MURE	OOCK 67208-3054	SELLBERG MD, MART	IN F 1520 S CLIE	TON 67218-29	921
689-9351 1902441294 22 M 1902	44 IM		851581	86	AM
SABANGAN MD, JOEL S, 551 N HILLSI					
684-3838 0	,		8670050		
56 M 74809	92 PUD	45 M	49518	81	CD
SABIN JR MD, GEORGE M, 6412 E 9TH 0 5002390304	H, 67206-1410	SHAH MD, MUKHTAR 264-8989 7040	H, 1725 E DOUGL 4640150	_AS, 67211-161	0
12 M 5002	66 00	40 M		77	Р
SACK MD, JOSEPH M, 7111 E 21ST, 67	7206-1078	SHAH MD, SUBHASH	H, 2620 E CENTR	AL ST, 67214-0	0000
684-2851 1902871515 60 M 1902	88 FP	688-6866 0 59 M	49576	92	N
SADIQ MD, SULEMAN, 1144 N SAINT F	FRANCIS ST, 67214-2882	SHAMPAINE MD, ERIC		ETOWN STE 2	00, 67218-4127
267-0159 70401630161 40 M 70401	74 TS	686-7327 2501 62 M	882219 2501	93	AN
SALONE MD, JEANETTE C, 1507 W 21	ST ST. 67203-0000	SHAPIRO MD, WILLIAI	M M. 818 N EMPC	RIA STE 304.	67214-3727
838-2020 0 49 F 2105	93 PM		761917 1606	84	NS
SANCHEZ MD, JOSE J, 3311 E MURDO 689-9287 1643811479		SHAVER MD, TIMOTH 688-7300 0			
54 M 1643	87 PD	62 M	1902	94	RHU
SANDERS MD, GLORIA D, 2622 W CEI 945-9161 1902752702	NTRAL, 67203-0000	SHAW MD, RICHARD (688-7500 1902)	C, 825 N HILLSIDI 610720	E, 67214-4913	
50 F 1902	0 PATH	35 M	1902	62	PS
SANTOS MD, JOAQUIN G, 3243 E MUF 688-7300 1902810672		SHELLITO MD, JOHN 0 1606431933			
49 M 1902	81 IM	18 M	1606	49	00
SANTOSCOY MD, GILBERT S, 3311 E 689-9124 4812620776	MURDOCK, 67208-3054	SHELLITO MD, JOHN I 689-9124 2407	L, 3311 E MURDC 781271	OCK, 67208-305	4
38 M 4812	70 GS	52 M	2407	84	GS
SARGENT D O, DAVID W, 3311 E MUR 689-9227 2878790238	DOCK, 67208-3054	SHERBON MD, MARY 261-2647 1902	L, 1010 N KANSA 871574	S, 67214-3124	
53 M 2878	0 ОТО	47 F		93	Р
SCANLAN MD, TIMOTHY M, 3600 E HA 689-5303 2604711358	ARRY, 67218-3784	SHIELD MD, CHARLES 263-0296 2802	S, 818 N EMPORIA 720851	A ST STE 200,	67214-3788
46 M 2604	78 FP	46 M		81	GS
SCHEINBERG MD, KENNETH, 3311 E ! 689-9227 1642690554	MURDOCK, 67208-3054	SHIELDS MD, NAOMI I 262-7598 0	N, PO BOX 3298,	67201-3298	
42 M 1642	0 ENT	58 F	3503	0	ORS
SCHLACHTER MD, ERNEST R, 406 E (CENTRAL, 67202-1058	SHOFFNER MD, RICH		IURDOCK ST,	67208-3079
263-2200 1902520569 24 M 1902	52 FP	689-9271 3901 53 M	791405 3901	82	IM

SHRADER MD, C ERIC, 655 N WOODLAWN ST, 67208-3648 684-5158 1902781702 47 M 1902 79 OPH	SPANN MD, RICHARD W, 3243 E MURDOCK STE 500, 67208-3008 688-7300 1902650870 40 M 1902 66 PUD
SHRADER MD, DOYLE A, 119 N ARMOUR ST, 67206-2001 0 1902410623	SPARKS MD, STEPHEN T, 901 GEORGE WASHINGTON BLVD STE, 67211-0000 264-6555 512841198
16 M 1902 41 OO	56 M 512 89 OM
SHUCK D O, MICHAEL W, 2757 S SENECA ST, 67217-2862	SPEARS MD, CHESTER A, PO BOX 2858, 67201-2858
264-5182 2878890224 56 M 2878 92 FP	686-7161 2834761575 50 M 2834 81 PATH
SHURTZ MD, GLEN L, 3243 E MURDOCK STE 104, 67208-3109 685-2711 4802782298 40 M 4802 81 R	SPEED MD, JAMES K, 3243 E MURDOCK STE 500, 67208-3008 688-7300 3901821487 56 M 3901 90 IM
SIFFORD MD, R LAWRENCE, 1040 RIVERSIDE AVE, 67203-3254	SPRINGER MD, MARK J, 3311 E MURDOCK, 67208-3054
0 1803520611 25 M 1803 58 OO	689-9311 1902871612 61 M 1902 89 PD
SIMMS MD, DAVID A, 3311 E MURDOCK, 67208-3054	ST CLAIR D O, DWIGHT, 1725 E DOUGLAS ST, 67211-0000
689-9422 3401760538 50 M 3401 83 DR	264-8989 0 60 M 2878 92 P
SKIBBA MD, RICHARD M, 3311 E MURDOCK ST, 67208-3079	STAATS MD, RODNEY M, 550 N HILLSIDE, 67214-4910
689-9477 5606700891	688-2339 1902831726
43 M 5606 72 GE	55 M 1902 0 IM
SLUTSKY MD, LAWRENCE J, 929 N SAINT FRANCIS ST, 67214-3821 268-5922 3501721122 46 M 3501 79 DR	STAMPS MD, PHIL, 3600 E HARRY, 67218-3784 689-5668 3901630746 37 M 3901 0 PATH
SMITH D O, JOHN P, 731 N MCLEAN BLVD STE 100, 67203-4935 945-7309 2878750732	STARK MD, JAMES R, 719 BROOKFIELD RD, 67206-1533 0 1902441472
49 M 2878 81 GS	20 M 1902 44 OO
SMITH D O, JAMES A M, 551 N HILLSIDE ST #410, 67214-4927 684-3838 4177780940	STECKLEY MD, RICHARD A, 1035 N EMPORIA STE 210, 67214-2504 265-1308 2105741271
50 M 4177 88 IM	49 M 2105 80 IM
SMITH MD, ALVIN L, 929 N SAINT FRANCIS ST, 67214-3821	STEELBERG MD, ELSIE, 2939 N ROCK RD #100, 67226-1100
268-5470 5606570874 28 M 5606 72 PATH	636-4344 1606601171 34 F 1606 84 P
SMITH MD, LINDALL E, 3333 E CENTRAL ST STE 408, 67208-3111	STEERE MD, DIANE M, 550 N HILLSIDE, 67214-0000
682-0411 1902821771	688-2239 0
55 M 1902 0 PD	63 F 2512 92 FP
SMITH MD, MARK A, 1515 S CLIFTON STE 250, 67218-0000 687-9961 0	STEIN MD, PAUL S, 551 N HILLSIDE #330, 67214-4926 685-2377 3305660689
54 M 1902 0 CD	40 M 3305 73 NS
SMITH MD, WILLIAM E, 1010 N KANSAS, 67214-0000	STEINBERGER MD, RICHARD E, 851 N HILLSIDE, 67214-4913
261-2650 0 62 M 1902 89 IM	685-1371 56120810036 53 M 56120 0 U
SNODGRASS MD, TED C, 8100 E 22ND ST N STE 2200, 67226-2376	STEMBRIDGE MD, TRAVIS W, 551 N HILLSIDE STE 540, 67214-4928
683-4334 0 61 M 3905 0 FP	685-7234 4802761754 47 M 4802 78 OBG
SNYDER MD, GREGG M, 902 N HILLSIDE ST, 67214-3220 687-1441 1803541023	STEPHANZ JR MD, GERALD B, 1035 N EMPORIA STE 105, 67214-2938 263-7285 1902831734
27 M 1803 66 NS	57 M 1902 84 IM
SNYDER MD, STEPHANIE F, 3311 E MURDOCK ST, 67208-3079 689-9270 1902790744	STEVENS MD, WM. MICHAEL, 551 N HILLSIDE STE 540, 67214-4928 685-7234 1902831751
53 F 1902 81 IM	55 M 1902 0 OBG
SODER MD, ERIC A, 3311 E MURDOCK, 67208-0000	STOFFER MD, ROBERT P, 10109 ALAMO ST, 67212-1263
689-9124 0 40 M 1902 92 GS	0 1902480451 26 M 1902 48 OO
SOLLO MD, DAVID G, 1650 GEORGETOWN #200, 67218-4127 686-7327 4804841917 59 M 4804 89 AN	STOPP D O, HAROLD R, 1520 S CLIFTON, 67218-0000 689-5775 3979810228 51 M 3979 0 EM
SOLLO MD, NATALIE R, 3333 E CENTRAL, 67208-3121	STREET MD. DAVID E. 818 N EMPORIA STE 200. 67214-3788
682-0411 4804851335 59 F 4804 89 PD	263-0296 2101611038 35 M 2101 67 GS
SOLOMON MD, HERMAN, 835 N HILLSIDE, 67214-4913	STREIT MD, JEROME G. 1131 S CLIFTON, 67218-2912
685-4395 2701620561	689-5500 1902771472
37 M 2701 69 D	48 M 1902 78 FP
SOLTZ MD, ROBERT A, 3311 E MURDOCK, 67208-3054 689-9320 2803740821	STRICKLAND MD, M H VAN, 710 N WOODCHUCK ST, 67212-3628 722-4800 4804742111
47 M 2803 77 PD	51 M 4804 0 A
SOMERS MD, MARVIN M, 2506 BENJAMIN, 67204-5522	SUERO MD, JESUS T, 1148 S HILLSIDE, 67211-4005
0 1902480427 23 M 1902 48 OO	681-3371 74802570655 33 M 74802 57 PUD

SULLIVAN MD, LEONARD L, 3311 E MURDOCK, 67208-3054	TOOHEY MD, JOHN S, 3311 E MURDOCK, 67208-3054
689-9454 1902610789 35 M 1902 62 PD	689-9277 5605771388 50 M 5605 82 ORS
35 W 1902 62 FD	50 WI 5005 62 ONS
SUMFEST MD, JILL M, 1431 S BLUFFVIEW #210, 67218-0000	TOSH MD, FRED E, 8308 LIMERICK LN, 67206-2320
687-1090 0 55 F 4102 93 GS	0 4706541590 30 M 4706 80 OO
55 F 4102 95 G5	30 M 4706 80 00
SVOBODA MD, LOIS V, 818 CARRIAGE PKY, 67208-4511	TRAN MD, THOMAS (TUONG) M, 2600 E CENTRAL, 67214-0000
685-8231 1602660784	686-5555 94101720131
39 F 1602 81 FP	39 M 94101 77 FP
SVOBODA MD, WILLIAM B, 1035 N EMPORIA ST #235, 67214-2939	TREGO MD, A JASON, 8404 W 13TH #180, 67212-2978
267-5215 1602630583	722-6000 1902842361
36 M 1602 81 PDN	55 M 1902 0 IM
SWARTZ MD, MARSHA A, 1100 N SAINT FRANCIS STE 130, 67214-2878	TRETBAR MD, HARVEY A, 10 CYPRESS DR, 67206-0000
264-3505 1902861684	0 1902520712
44 F 1902 87 ID	25 M 1902 52 OO
OWEST MD DONNA 5 1040 M WANDAR OT CTOLL 0400	TREMERIE MR. MICHAEL W. 1515 O. OLIFTON OTE 050, 67010,0000
SWEET MD, DONNA E, 1010 N KANSAS ST, 67214-3199 261-2622 1902791813	TREWEEKE MD, MICHAEL W, 1515 S CLIFTON STE 250, 67218-0000 687-9961 1902721157
48 F 1902 80 IM	46 M 1902 73 IM
SWEET MD, ROBERT A, 9350 E CENTRAL STE 100, 67206-0000	TROUTMAN D O, BETTY, 7717 E 29TH ST N, 67226-3403 636-5585 2878870916
636-2662 3005901056 64 M 3005 91 FP	636-5585 2878870916 51 F 2878 0 FP
SZYMKE MD, THOMAS E, 1151 N ROCK RD, 67206-0000	TRUJILLO MD, ANTERO A, 1431 S BLUFFVIEW STE 117, 67218-3039
634-3500 2507731093 47 M 2507 93 PM	685-6466 73701610218 36 M 73701 81 AN
47 IVI 2507 95 FIVI	30 IVI 73701 01 AIN
TAN MD, DONALD C-S, 929 N ST FRANCIS, 67214-0000	TRUONG D O, HAI K, 7111 E 21ST, 67206-1078
268-5928 512660924 FO	684-2851 0
34 M 512 89 RO	56 F 2878 91 F P
TARVER MD, STEPHEN D, 1650 GEORGETOWN STE 200, 67218-4127	TRUONG D O, THANH N, 1144 N SAINT FRANCIS, 67214-2814
686-7327 1902851751	267-0159 2878860198
58 M 1902 O AN	57 M 2878 87 IM
TATPATI MD, DANIEL A, 1144 N SAINT FRANCIS ST, 67214-2882	TRYGG MD, KELLY A, 8404 W 13TH ST STE 180, 67212-0000
267-0159 49535670039	722-6000 1902911584
44 M 49535 78 TS	64 F 1902 94 IM
TATPATI MD, OLGA A, 200 S HILLSIDE, 67211-2127	TUCKER D O, DAVID A, 7200 W 13TH, 67212-2968
687-3100 49535640041	721-1200 2878850575
44 F 49535 78 PD	54 M 2878 86 FP
	TUDO NO DODENT AND ENVIRONMENT AND ADDRESS
TAYLOR MD, BRENDA K, 1010 N KANSAS, 67214-3124 261-2650 2803850944	TUNG MD, ROBERT, 3243 E MURDOCK STE 303, 67208-0000 688-7300 0
58 F 2803 91 IM	56 M 2846 0 CD
TAYLOR MD, RICHARD J, 11 CYPRESS DR, 67206-2501	UHLIG MD, PAUL N, 3311 E MURDOCK, 67208-3054
0 3006490335 21 M 3006 58 PATH	689-9300 1902781851 53 M 1902 0 CDS
TAYLOR MD, STEVEN L, 3311 E MURDOCK, 67208-3054	VAL-MEJIAS MD, JESUS E, 551 N HILLSIDE #410, 67214-4927
689-9422 1902771502 46 M 1902 78 R	684-3838 23101690067 45 M 23101 84 CD
46 M 1902 78 R	45 W 25101 84 OD
TERREBONNE MD, MAE E, 1010 N KANSAS, 67214-0000	VAN GEEM MD, THOMAS A, 818 N EMPORIA ST STE 415, 67214-3728
261-2631 21057412540	269-4355 3006831051
49 F 2105 87 PD	54 M 502 89 OBG
THAKOR MD, DENNIS S, 310 S HILLSIDE, 67211-2129	VARENHORST MD, MICHAEL P, 530 N LORAINE ST STE 100, 67214-4837
684-2838 2307821071	683-5611 1803801599
57 M 2307 87 OTO	52 M 1803 85 OPH
THOMAS MD, DARYL L, 2318 E CENTRAL, 67214-4436	VAUGHAN MD. D ANN. 121 WHITTIER ST. 67207-1000
262-2415 1902821879	689-4204 1902710601
56 M 1902 86 IM	45 F 1902 75 P
THOMPSON MD DANIEL M BOY 4000 67004 0000	VEENIC MD DI AVE C 0220 M 12TH CT 67212 0000
THOMPSON MD, DANIEL M, BOX 4069, 67204-0069 0 1902500746	VEENIS MD, BLAKE C, 8338 W 13TH ST, 67212-0000 729-1030 0
19 M 1902 50 OO	63 M 4112 93 PM
TILLER MD, GEORGE R, 5101 E KELLOGG, 67218-1625	VIERTHALER MD, LYLE D, 1650 S GEORGETOWN ST STE 200, 67218-4127 686-7327 1902801126
684-5255 1902670919 41 M 1902 68 AM	54 M 1902 81 AN
TJADEN D O, BRUCE L, 2903 E CENTRAL, 67214-0000	VIGIL MD, KIRK S, PO BOX 8149, 67208-0000
687-2112 0 56 M 1875 93 END	685-9633 0 56 M 4901 0 AN
30 IVI 1073 93 END	OU IVI 4801 U AIN
TOCKER MD, ALFRED M, 225 PENROSE, 67206-2119	VIN ZANT MD, LARRY E, 13741 SAINT ANDREWS PL, 67230-1424
0 4802400808	0 1902400563
15 M 4802 53 OO	10 M 1902 40 OO
TONN MD, GERHART R, 13600 E 37TH ST N, 67228-9518	VINE MD, DONALD L, 1010 N KANSAS ST, 67214-3124
0 1902441529	261-2622 511660564
16 M 1902 44 OO	39 M 511 79 CD

VINZANT MD, WHITNEY L, 1515 S CLIFTON AVE #310, 67218-2953 686-1991 1902711143 45 M 1902 74 GS	WHEELER MD, NICKY RAY, 1515 S CLIFTON STE 390, 67218-2953 684-0220 1902741255 48 M 1902 74 PS
WADE MD, EDWARD J, 818 N EMPORIA ST STE 101, 67214-3725 263-1574 1902801142	WHEELER MD, PINCKNEY R, 2168 BELLA VISTA, 67203-1514 0 3901560896
53 M 1902 83 AN	18 M 3901 57 OO
WADUD MD, ABDUL, 1543 S HILLSIDE ST, 67211-4018 682-6814 70409600059 35 M 70409 74 P	WHITAKER MD, JAMES A, 3243 E MURDOCK STE 500, 67208-3008 688-7300 1902721211 44 M 1902 74 IM
WAKEFIELD MD, KENNETH M, 1131 S CLIFTON AVE, 67218-2912 689-5500 6201480122	WHITE MD, CHARLES M, 18 VIA VERDE, 67230-1605 0 3005410656
24 M 6201 86 FP	15 M 3005 48 OO
WALKER D O, MARSHALL D, 982 N TYLER RD #D, 67212-3271 722-5811 2878720124 41 M 2878 80 OTO	WHITESIDE MD, WILLIAM H, 1431 S BLUFFVIEW S -108, 67218-3039 681-0086 53902720304 46 M 53903 84 PD
WALLING MD, ADRIAN E, 101 S WEBB RD #200, 67207-1315 681-4325 80302710019	WILDER MD, LOWELL W, 655 N WOODLAWN, 67208-3648 684-5158 4109620764
47 M 80302 78 FP	35 M 4109 67 OPH
WALLING MD ANNE D 1010 N MANGAC CT C7014 2100	WILEY MD. CLADENCE I. 1000 NIMARKET 07014 0050
WALLING MD, ANNE D, 1010 N KANSAS ST, 67214-3199 261-2607 91902710031	WILEY MD, CLARENCE L, 1063 N MARKET, 67214-9258 267-3268 4301770613
47 F 80302 0 PH	50 M 4301 86 D
WALSH D O. LESLIE L. 1650 S GEORGETOWN ST K #200. 67218-4127	WILKINSON MD, LARRY K, 2456 N WOODLAWN, 67220-2921
686-7327 2879820548	685-5696 1902741859
56 M 2879 0 AN	46 M 1902 75 FP
WARD MD, LARRY G, 1650 S GEORGETOWN ST #200, 67218-4127	WILLIAMS MD, CHARLES L, 554 N BROADMOOR CT, 67206-1647
686-7327 1902791911	0 2834432024
54 M 1902 82 AN	16 M 2834 50 OO
WARREN JR MD, JOHN W, 63 VIA VERDE, 67230-1604	WILLIAMS MD, JANSSEN J, PO BOX 7730 K33-00, 67277-0000
0 2501390863	526-0024 3005901374
15 M 2501 49 OO	62 M 3005 91 IM
WARREN MD, LLOYD P, 1202 WILLOW LN, 67208-2668	WILSON MD, ROBERT L, 841 N BROADWAY, 67214-3509
0 1902360570 11 M 1902 36 OO	263-6131 1902571040 30 M 1902 57 OM
11 III 100E 00 00	00 W 1002 07 OW
WARREN MD, WIRT A, 608 S BLUFF, 67218-2122 0 2802330777	WINDHOLZ MD, ARTHUR F, 1969 W 21ST ST, 67203-2106 832-9024 3901861705
9 M 2802 36 OO	61 M 3901 87 FP
WASWICK MD, WILLIAM A, 3243 E MURDOCK STE 404, 67208-3052	WINN MD, TERRIA L, PO BOX 48126, 67201-8126
685-6222 3701870548	265-7241 1902822000
61 M 3737 0 GS	56 F 1902 83 OPH
WEAVER MD, JACK D, 1616 COOLIDGE, 67203-2912	WISDOM MD, JAY K, 15 LYNNWOOD, 67207-1037
0 2802420865	0 1902420777
16 M 2802 46 OO	12 M 1902 42 OO
WEBB MD, DAVID E, 818 N EMPORIA STE 310, 67214-3727	WISNER JR MD, HARRY J, 5642 COE DR, 67208-2706
263-5891 1902781931 53 M 1902 88 IM	0 3005431394 17 M 3005 47 OO
WEBER JR MD, HUGO P, 1035 N EMPORIA ST #105, 67214-2998 263-7285 702660718	WITTMANN MD, ALBERT F, 555 SAGEBRUSH, 67230-6664 0 2834380954
40 M 702 73 IM	10 M 2834 40 OO
WEIPPERT MD, EDWARD J, 10300 W MAPLE, 67209-3135	WOIWOOD MD, MARK D, 1650 GEORGETOWN #200, 67218-4127
721-4544 1902701202	686-7327 0
44 M 1902 71 FP	58 M 1803 93 AN
WELCH MD, LAUREN K, 551 N HILLSIDE #330, 67214-4926	WOLF MD, PATRICK G, 1431 S BLUFFVIEW DR STE 109, 67218-3039
685-2377 1902610860	689-6396 1902771634
35 M 1902 62 N	52 M 1902 78 IM
WELLEMEYER MD, MARK L, 8020 E CENTRAL STE 200, 67206-0000 636-2010 0	WOLFE MD, FREDERICK, 1035 N EMPORIA ST #230, 67214-2939 263-2125 3508661532
61 M 1902 92 OPH	36 M 3508 69 RHU
WENCEL MD, MARK L, 3311 E MURDOCK, 67208-3054	WOOD MD, GARY B, 8527 BOXTHORN, 67226-1909
689-9325 1902811113	0 2802450993
55 M 1902 0 PD	21 M 2802 51 OO
WENINGER MD, JOHN H, 1148 S HILLSIDE STE 12, 67211-4005	WOOD MD, ROBERT D, 1441 N ROCK RD STE 1001, 67206-1241
682-6523 3005620693 32 M 3005 63 FP	0 1902530963 26 M 1902 53 OO
05 FF	20 WI 1902 53 UU
WESBROOK MD, C WILSON, 3311 E MURDOCK, 67208-3054	WOODHOUSE MD, CHARLES L, 46 ST CLOUD PL, 67230-1611
689-9234 1902741247 42 M 1902 75 OBG	0 1902340561
	10 M 1902 34 OO
WEST NO WHILLIAM T & DOUBLE OF THE STATE OF	
WEST MD, WILLIAM T, 3 DRURY LN, 67207-1003 0 1902490724	WOODRING MD, CATHY S, 222 S RIDGE RD, 67209-2113
WEST MD, WILLIAM T, 3 DRURY LN, 67207-1003 0 1902490724 24 M 1902 49 OO	

WOODS MD, MICHAEL S, 3311 E MURDOCK, 672	08-0000	WINCHESTER 012
689-9153 0 61 M 1902 88	GS	WINCHESTER — 913 (Shawpan County Medical Society)
		(Shawnee County Medical Society)
WOOLLEY MD, DOUGLAS C, 1010 N KANSAS, 67 261-2607 0		HUSTON MD, FRANCIS W, PO BOX H, 66097-0408 0 1601340638
49 M 519 0	FP	6 M 1601 34 OO
WRAY JR MD, REGINALD P, PO BOX 782438, 672	278-2438	
685-4389 4113661289 40 M 4113 84	AN	WINFIELD — 316
WRAY MD, ALEXANDER J, 1311 N MANCHESTER	ST. 67212-6800	(Cowley County Medical Society)
0 1902490783 19 M 1902 49	00	BHARGAVA MD, BAIKUNTH N, 1317 WHEAT RD, 67156-4703
		221-3200 49530640441 37 M 49530 78 U
WRIGHT MD, STANLEY E, 202 N ROCK RD APT 3 0 3901741351	324, 67206-2226	
47 M 3901 75	00	BROWN MD, ROBERT A, 1314 WHEAT RD, 67156-0000 221-3200 0
WU MD, JIN-TZE, 3333 E CENTRAL STE 214, 672	08-0000	53 M 6506 0 OBG
688-2920 24402670203 41 M 38502 79	TR	JOHNSON MD, TERESA F, 1317 WHEAT RD, 67156-4703 221-3200 1902810982
WYATT-HARRIS MD, PATRICIA G, 3233 E 2ND ST	N 67208-0000	55 F 1902 82 GS
683-6766 1902810851		JONES MD, TERRY G, 1317 WHEAT RD, 67156-4703
55 F 1902 82	OBG	221-3200 0 55 M 3840 0 FP
YOON MD, CHANG S, BOX 782438, 67278-2438 685-4389 58303720241		KAUL MD, ANAND N, 1317 WHEAT RD, 67156-4703
46 M 58303 81	AN	221-3200 49530610054 39 M 49530 0 IM
YOUNG MD, DOUGLAS L, 3311 E MURDOCK, 672	08-3054	MILLER MD, FRANKLIN R, 1910 DEE ST, 67156-1510
689-9107 1902711259 42 M 1902 72	IM	0 2401270739 2 M 2401 54 OO
YOUNG MD, ROBERT C, PO BOX 782438, 67278-	2428	
685-4389 1902852260		SAMUEL MD, CHANDY C, 1211 E 5TH, 67156-2441 221-6100 49527590166
46 M 1902 90	AN	35 M 49527 76 GS
YOUNGBERG MD, DEAN I, 959 N EMPORIA #201, 268-6075 1902721254	67214-3721	STURICH MD, JORGE M, 1211 E 5TH, 67156-2441 221-6100 64914771763
0 M 1902 73	IM	54 M 64914 84 FP
YOUNGMAN DO, DARRELL J, 1035 N EMPORIA S	T #210, 67214-2974	TURNER MD, WADE A, 1317 WHEAT RD, 67156-4703 221-3200 0
265-1308 4878790087 52 M 4878 88	CD	60 M 1902 92 IM
ZAKHARIA MD, GEORGE F, 851 N HILLSIDE, 672	14-0000	WELLS MD, BRUCE W, PO BOX 643, 67156-0643
685-1371 0		221-3350 1902640947 39 M 1902 65 IM
59 M 60501 93	U	WHITE MD, R BURNLEY, PO BOX 745, 67156-0745
ZARNOW MD, HILARY, 929 N ST FRANCIS, 67214 268-5905 1611691994	-3821	221-2950 1902520763 24 M 1902 52 FP
45 M 1611 74	R	WINBLAD MD, J KENT, 15 FLEETWOOD, 67156-5429
ZATZKIN MD, JAY B, 3311 E MURDOCK, 67208-00	000	221-6100 1902761558
689-9339 2002741221 46 M 2002 79	IM	
ZEPICK MD, LYLE F, PO BOX 2517, 67201-2517		WINBLAD MD, JOHN M, 1211 E 5TH, 67156-2441 221-6100 1902810818
263-5889 6002740093 50 M 6001 81	CD	55 M 1902 82 FP
ZIELKE MD, STEVEN L, 223 S HILLSIDE, 67211-2 683-2666 1643821407		YATES CENTER — 316
53 M 1643 82	OBG	(Allen County Medical Society)
ZIMMERMAN MD, KENNETH D, 934 CRESTLINE, 526-3925 3901550998	67212-4526	ATKIN MD, J D, 1004 E MADISON, 66783-1314
29 M 3901 58	ОМ	625-2312 3901610052 35 M 3901 63 FP
ZONGKER MD, PHILIP E, 3311 E MURDOCK, 6720 689-9422 1902701261	08-3054	
43 M 1902 71	R	VORHEES MD, VICTOR J, 204 S MAIN, 66783-1444 625-2162 1902681023
ZWIACHER MD, KAYE F, 9350 E CENTRAL AVE #	102, 67206-4332	36 M 1902 69 FP
636-4411 3901850509 52 F 3901 91	Р	WEBER MD, RUTH M, 204 S MAIN, 66783-1444 625-2162 2846840781
		60 F 1902 85 FP

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BARBIERI MD, CRAIG D, 9927 EDELWEISS CIR, SHAWNEE MISSION, 66203-BENJAMIN MD, ASHLEY B, 2612 STRATFORD RD, LAWRENCE, 66049-2844 BEY MD, LOVI D, 2024 BRISTOW ST, KANSAS CITY, 66103-2111 BIGHAM MD, BRYON S, 1940 SW RANDOLPH AVE, TOPEKA, 66604-3160 BILLINGS MD, BRIAN M, 450 N BLECKLEY DR, WICHITA, 67208-4011 BLANCHARD MD, PATRICK A, 845 S 10TH, SALINA, 67401-4859 BOUD MD, THOMAS J, 15925 BECKETT LN, OLATHE, 66062-4522 BOYCE MD, MARY C, 3340 E CENTRAL, WICHITA, 67208-3104 BOYCE MD, MARY C, 3340 E CENTHAL, WICHITA, 67203-3104
BRACK MD, JULIE D, 5249 ALDER DR, SHAWNEE MISSION, 66205-2177
BRADLEY MD, KENT R, 1709 PARK PL #2, WICHTIA, 67203-2539
BRADY MD, MARK D, 5907 E 41ST ST N, WICHITA, 67220-1972
BRECHEISEN MD, NANCY L, 5400 E 21ST ST N #917, WICHITA, 67208-1630
BREWER MD, SUSAN J, 2507 SW MAXFIELD, TOPEKA, 66614-0000
BRUNNER MD, CHRIS N, 818 CARRIAGE PKWY, WICHITA, 67208 BURGETT, PAUL M, 2510 E PAWNEE #1304, WICHITA, 67211-0000 CABRERA MD, ANTHONY J, 4008 ADAMS, KANSAS CITY, 66103-2910 CABRERA MD, ARNOLD R, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0001 CAMERON MD, JEFF W, 4733 BELINDER CT, SHAWNEE MISSION, 66205-1839 CAO MD, THAI H, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
CARPINO MD, STEPHANIE SHEAR, 5111 ROCK CREEK LN, SHAWNEE
MISSION, 66205-3049 CARVER MD, DEBORAH L, 5319 W 23 TER, TOPEKA CITY, 66614-1609
CASTRISOS MD, JAMES C, 140 N LORRAINE ST, WICHITA, 67214-4821
CATTANEO MD, JOHN E, 5100 FOXRIDGE DR APT 1521, SHAWNEE MISSION, 66202-1590 CHAFFEE MD, BRYAN G, 5809 N ANDERSON RD, NEWTON, 67114-9703 CHEN MD, EDWARD C, 13309 W 111TH TER, SHAWNEE MISSION, 66210-3301 CHHATRE MD, MADHUKAR, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0001 CHHATRE MD, MADHUKAR, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0001 CHRISTENSEN MD, ERIC C, 6025 KENWOOD AVE, KANSAS CITY, 64110-3039 CHRISTIAN MD, MARY, 6816 E 27TH ST N, WICHITA, 67226-1640 CLOUGH MD, JOHN A, 4147 CAMBRIDGE ST, KANSAS CITY, 66103-3318 COATES MD, SCOTT D, RR 4 BOX 8, CHANUTE, 66720-8903 COCHRAN MD, KIMBERLY A, 1257 E WESTERFIELD PL, OLATHE, 66061-3552 COLYER MD, JEFFREY W, 3808 ROANOKE RD, KANSAS CITY, 64111-3855 COOKE MD, BRIAN D, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000 COSTA MD, JOHN A, 1029 ELDRIDGE ST, LAWRENCE, 66049-3760 CRADDOCK MD, TERRY M, 3530 PECOS, WICHITA, 67203-0000 CRISP-LINDGREN MD, NAOMA, 1245 N RIVER BLVD, WICHITA, 67203-3029 DAVIDSON D O, ALAN N, 204 N 6TH ST, STERLING, 61579-1909 DAVIS MD, MATTHEW F, 6905 W 99TH ST, STERLING, 61579-1909
DAVIS MD, MATTHEW F, 6905 W 99TH ST, SHAWNEE MISSION, 66212-0000
DEAN MD, DAVID P, 929 N ST FRANCIS -SURG, WICHITA, 67214-3821
DENNING MD, DIANA F, 6501 MAGILL ST, WICHITA, 67206-1341
DEVINE MD, ROBERT P, 5100 FOXRIDGE DR APT 435, SHAWNEE MISSION, 66202-1584
DEWITT MD, PETER, 1131 S CLIFTON, WICHITA, 67218-2990
DOWLATSHAHI MD, MORTEZA, 8718 METCALF APT 102D, SHAWNEE MISSION, 66212-0000 DUGGINS MD, MAURICE L, 2436 ALOMA ST, WICHITA, 67211-3713
ELCOCK MD, DAVID G, 12607 PAWNEE LN, SHAWNEE MISSION, 66209-1447
ENSROTH MD, KENNETH A, PO BOX 829, TOPEKA, 66601-0829
EVANS MD, GENE H, 906 BUFFUM ST, WICHITA, 67203-3156
FAJARDO MD, JEFFREY, 1945 N ROCK RD #1315, WICHITA, 67206-1231
FAULK MD, L CHRISTINE, 3506 E ENGLISH, WICHITA, 67218-0000 FISCHER MD, KENNNETH A, 4746 ROANOKE PKY APT 705, KANSAS CITY, 64112-1864 FITZPATRICK HARRIS MD, PAMELA, 6500 NALL, SHAWNEE MISSION, 66202-0000 FITZSIMMONS MD, CURTIS J, 6808 ANTIOCH RD APT 244, SHAWNEE MISSION, 66204-1280 FLEMMING MD, DONNA J, 999 N SILVER SPRINGS #2313, WICHITA, 67212-FRANK MD, MARY S, 7091 SW FOUNTAINDALE RD, TOPEKA, 66614-4624 FREDRICKSON MD, DAVID P, 1033 N TERRACE, WICHITA, 67208-0000 FRISKEL MD, ERIC D, 6524 LARSEN LN, SHAWNEE MISSION, 66203-3840 GARNER MD,STEVEN A, 1770 S ROCK RD APT 203, WICHITA, 672075174 GARNER MD, STEVEN A, 1770 S ROCK RD APT 203, WICHITA, 672075174
GEMPERLI MD, AMY W, 4521 W 131ST ST, SHAWNEE MISSION, 66209-0000
GILLETT MD, MARK L, 14190 GRANT ST, SHAWNEE MISSION, 66201-2148
GOLDSTEIN MD, JOYCE, 13202 BARKLEY, SHAWNEE MISSION, 66209-3911
GRACE MD, CAROL A, 6114 EL MONTE ST, SHAWNEE MISSION, 66205-3234
GRADY D O, TIMOTHY P, 551 N HILLSIDE STE 410, WICHITA, 67214-0000
GRAESSLE D O, DONNA M, 17216 W 67TH, SHAWNEE MISSION, 66217-9600
GRAY MD, APRIL K, 1717 S 31ST ST APT B, KANSAS CITY, 66106-2872
GREATHOUSE MD, ALETA B, 7400 E 32ND ST N APT 802, WICHITA, 67226-

GROSSER MD, DAVID M, 6316 W 52ND ST, SHAWNEE MISSION, 66202-1646 GUPTA MD, GANESH G, 929 N SAINT FRANCIS ST, WICHITA, 67214-3821 HAGMAN MD, JOSEPH E, 550 N HILLSIDE, WICHITA, 67214-4910 HAGMAN MD, JOSEPH E, 550 N HILLSIDE, WICHITA, 67/214-4910
HALL MD, KIM M, 848 S 10TH, SALINA, 67401-0000
HAMILTON MD, DEBORAH K, 1770 S ROCK RD #912, WICHITA, 67/207-5177
HANCE MD, KIRK A, 6850 W 51ST TER #2D, SHAWNEE MISSION, 66/202-0000
HATFIELD MD, ALLYSON A, 2403 WALDEN DR #202, WICHITA, 67/226-1050 HATFIELD MID, ALLYSON A, 2403 WALDEN DH #202, WIGHTI A, 67226-7050
HEEB MD, JON J, 10211 W 49TH PL, SHAWNEE MISSION, 66203-4817
HEGEMAN MD, ROBERT B, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
HEIN MD, DANIEL J, 817 E COURT ST, SMITH CENTER, 66967-3215
HEMAYA MD, AMIR R, 6334 OUTLOOK, SHAWNEE MISSION, 66202-0000
HENSEL JR MD, JOHN M, 4630 PENNSYLVANIA APT 2 SOUTH, KANSAS CITY, 64112-1452 64112-1452 HESS MD, KATRINA M, 6264 G EAST COUNTY CLUB RD, SALINA, 67401-9607 HESS MD, KATRINA M, 6264 G EAST COUNTY CLUB RD, SALINA, 67401-9607 HIGGINBOTHAM MD, DENNIS G, 12215 BLACKFOOT, OLATHE, 66062-1061 HIGNIGHT MD, JAMES E, 2213 W 79TH TER, SHAWNEE MISSION, 66208-3839 HILGER MD, MARK A, 1717 S CYPRESS ST APT 1011, WICHITA, 67207-5552 HOPKINS MD, KATHY S, 7531 ANTIOCH RD, SHAWNEE MISSION, 66204-2623 HORTON MD, GREG A, 4819 W 65TH ST, SHAWNEE MISSION, 66208-1355 HOVORKA MD, JOHN W, 1624 W 26TH ST, TOPEKA, 66611-1333 HOWARD MD, MARSEEA H, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000 HILEPET MD, KODY, D. 2021. M. ROCK PD, 44404 MICHITA, 67201-1128 HUEBERT MD, KORY D, 2801 N ROCK RD #1404, WICHITA, 67226-1184 HUGGETT MD, WILLIAM L, PO BOX 829, TOPEKA, 66601-0000 HUGHES MD, DOUGLAS W, 12501 W 105TH, SHAWNEE MISSION, 66215-0000 HUSER MD, PAUL W, 513 BROWNIE ST, ROSE HILL, 67133-9759

JACKSON MD, MICHAEL R, 6102 E 2ND ST N, WICHITA, 67208-4415

JANZEN MD, KIMBERLY J, 2018 FAIRCHILD, WICHITA, 67219-1504

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JOHNSON MD, MILLARD E, 1149 N DELLROSE ST, WICHITA, 67208-2814
JONG MD, CAROL N, 4755 MISSION RD, SHAWNEE MISSION, 66205-1627
JOST MD, COREY J, 575 S ROOSEVELT ST, WICHITA, 67218-2033
KAUER MD, CURTIS D, 8805 W 70TH TER, SHAWNEE MISSION, 66204-1114
KELLY MD, MICHELE, 8318 REEDS LANE, SHAWNEE MISSION, 66207-1663
KETCHER D O, SCOTT J, PO BOX 1757, SALINA, 67401-1757
KIM MD, CLEMENT C, 256 N TOPEKA ST APT 810, WICHITA, 67202-2441
KOELLIKER MD, LESLIE M, 1055 S CLIFTON AVE, WICHITA, 67218-2910
KOSSOW MD, WILLIAM D, 39TH & RAINBOW BLVD, KANSAS CITY, 66160-0000
LACEY MD, RONALD L, 1010 N KANSAS, WICHITA, 67214-0000
LARSON MD, MELISSA L 8879 JUNIPPER ID. SHAWNEE MISSION. 66207-2219 LARSON MD, MELISSA L, 8879 JUNIPER LN, SHAWNEE MISSION, 66207-2219 LARSON MD, MELISSA L, 8879 JUNIPER LN, SHAWNEE MISSION, 66207-2219 LAW D O, BYRON D, 6907 W 72ND ST, SHAWNEE MISSION, 66204-1916 LEHNERT MD, DARREN L, 4261 N MISSION RD, WICHITA, 67226-1450 LEHR MD, CARRIE W, 5313 W 70TH ST, SHAWNEE MISSION, 66208-2054 LICHTY MD, DAN M, GENERAL DELIVERY, QUINTER, 67752-9999 LOOP MD, PAUL J, PO BOX 829, TOPEKA, 66601-0000 LOPEZ MD, GRISEN J, 7421 FLINT ST A #202, SHAWNEE MISSION, 66203-0000 LOPEZ-GIBSON MD, EDUARDO, PO BOX 829, TOPEKA, 66601-0000 LOWDEN MD, DAWNE R, 310 S ESTELLE ST, WICHITA, 672112009 LUDER MD, JACOB K, 2341 S BELMONT, WICHITA, 67218-5007 MACE MD, RHONDA D, 3838 RAINBOW BLVD APT 911, KANSAS CITY, 66103-2933
MALM D O, RONALD L, PO BOX 1757, SALINA, 67401-1757
MCDOWELL MD, CHARLES S, 5206 BOND, SHAWNEE MISSION, 66203-1429
MENNINGER MD, BRENT O, 4720 SW 18TH ST, TOPEKA, 66604-3519
MEYER MD, ANGELA M, 530 N FOUNTAIN, WICHITA, 67208-0000
MICHAEL MD, RICHARD O, 1131 S CLIFTON, WICHITA, 67218-0000
MILLS MD, CRAIG G, 2007 FEDERAL, KANSAS CITY, 66103-2125
MITCHELL MD, DANIEL S, 316 N RIDGEWOOD DR, WICHITA, 67208-0000
MOODE MD, CANDICE A, 4148-50 KD, ETM-675 TOPEKA, 66606-2021 MOORE MD, CANDICE A, 4146 SW 6TH #225, TOPEKA, 66606-2071 MOREANO MD, PHILLIP A, 3900 N WOODLAWN ST #CC23, WICHITA, 67220-MORRELL MD, DAVID G, 1010 N KANSAS, WICHITA, 67214-3124 MOSELEY MD, A CANDACE, 11700 E 62ND ST, KANSAS CITY, 64133-4445 MOSSINGHOFF MD, DEBORAH A, 3200 W 129TH, SHAWNEE MISSION, 66209-MUILENBURG MD, JEFFREY J, 550 W CENTRAL AVE APT 1115, WICHITA, 67203-4221 MURPHY MD, GARY D, 1815 HIGHLAND AVE, SALINA, 67401-6520 NELSON MD, TAMMIE L, 10752 FLINT ST, SHAWNEE MISSION, 66210-3918 NIXON JR MD, NED R, 2514 W 51ST, SHAWNEE MISSION, 66205-0000 NOLA MD, BOUNSAVATH, 6615 E BAYLEY, WICHITA, 67207-0000 OTTINGER MD, CHRISTOPHER M, 12316 BIRCH ST, SHAWNEE MISSION, PARK MD, RACHAEL E, 2833 S EMPORIA ST APT 1910, WICHITA, 67216-4741
PARMAN MD, LINDA M, 3104 SHERWOOD DR, LAWRENCE, 66049-2122
PETRAKIS MD, PATRICIA M, PO BOX 1757, SALINA, 67401-1757
PITTMAN-PARKS, MD TANYA J, PO BOX 1757, SALINA, 67401-1757
PITTS MD, JEANETTE M, 7627 E 37TH ST N APT 2607, WICHITA, 67226-2808 PLUMB MD, RENNE L, 4400 ADAMS, KANSAS CITY, 66103-3413
PLUMLEE MD, GEOFFREY B, PO BOX 1757, SALINA, 67401-1757
PORTER MD, SCOTT W, 7810 E 31ST STREET CIR N, WICHITA, 67226-2219 RAMSEY MD, TRACY C, 321 CIRCLE DR, WICHITA, 67218-1255
RANKIN MD, KRISTI, 5431 CHADWICK ST, SHAWNEE MISSION, 66205-1624
RATZLAFF MD, JAMES D, 257 N BROADVIEW ST, WICHITA, 67208-3814
REGAS MD, STEPHEN L, 211 W 77TH ST APT 1C, KANSAS CITY, 64114-1853

RENNER MD, PATRICK A, 5709 BIRCH, SHAWNEE MISSION, 66205-2817 RHOADES MD, JODY M, 5930 ANTIOCH RD, SHAWNEE MISSION, 66202-0000 RICKETTS-KINGFISHER MD, DAVID J, 3312 SW STONE AVE, TOPEKA, 66205-0000

ROBBINS MD, KATHLEEN M, 1010 N KANSAS, WICHITA, 67214-0000 ROMEREIM MD, MARK E, 124 AARON, ANDOVER, 67002-9438 RUCKER MD, MARK R, 9419 LONGLAKE ST, WICHITA, 67207-5556 RYAN MD, LORI K, 634 W 62ND ST, KANSAS CITY, 64113-1502 SAJADI MD, SEYED A, 3952 ADAMS APT 4, KANSAS CITY, 66103-0000 SARGENT MD, JENNIFER E, 550 W CENTRAL #1609, WICHITA, 67207-0000 SCHMIDT MD, DARYN R, 1157 S WEBB RD APT 715, WICHITA, 67207-4127 SCHMIDT MD, LADONA, 1323 DERBY ST, SALINA, 67401-0000 SCHUKAI MD, KATHERINE B, 10574 HAUSER, SHAWNEE MISSION, 66215-0000 SCHUKAI MD, KATHERINE B, 10574 HAUSER, SHAWNEE MISSION, 66205-0000 SCHWERTFEGER MD, TY L, 6359 W 49TH ST, SHAWNEE MISSION, 66202-0000 SCHWERTFEGER MD, TY L, 6359 W 49TH ST, SHAWNEE MISSION, 66205-2648 SENNE HUNT MD, DIANE L, 2827 S EMPORIA ST #1815, WICHITA, 67216-4738 SHAH MD, KENNETH J, PO BOX 47668, WICHITA, 67201-7668 SHARP MD, CHAD E, 6403 CLAYTONIA ST, WICHITA, 67206-1535 SHELL MD, JOHN R, 144 S HIGHWAY 75, BURLINGTON, 66839-9108 SHIAO MD, TSENG-KUO, 13309 W 111TH TERRACE, SHAWNEE MISSION, 66210-3301

SILER MD, JAMES W, 2032 N KESSLER ST, WICHITA, 67203-1038 SIMMONS MD, MARK S, 6446 AMINDA ST, SHAWNEE MISSION, 66226-3125 SIMMONS MD, MICHAEL R, RT 2 BOX 88, GIRARD, 66743-0000 SIMMONS MD, SHAWN T, 9400 E LINCOLN ST APT 717, WICHITA, 67207-3534 SIMONY-SCOLOFSKY MD, M ANN, 5020 SOUTHRIDGE, SHAWNEE MISSION, 66205-1324

SLAGLE MD, GENELLE J, 6643 WOODSON, SHAWNEE MISSION, 66202-4259 SMITH MD, ANN I, 800 E NORTHVIEW, OLATHE, 66061-2916 SMITH-KING MD, MAUREEN M, 4448 CAMBRIDGE, KANSAS CITY, 66103-3506 SPRADLIN MD, MICHAEL L, 9403 W 47TH TER, SHAWNEE MISSION, 66203-0000 STANGA MD, JAMES A, 990 S GEORGE WASHINGTON BLVD, WICHITA, 67211-

STEINES MD, MICHAEL W, 3901 RAINBOW BLVD, KANSAS CITY, 66103-0001 STEWARD MD, BRENT E, 4700 W 66TH ST, SHAWNEE MISSION, 66308-0000 STILLIONS MD, DUANE M, 910 WARD PKY APT 9, KANSAS CITY, 64112-1880 STURGEON MD, JOHN B, 7800 MOHAWK, SHAWNEE MISSION, 66208-4236 SUMPTER MD, MATTHEW T, 5222 CATALINA, SHAWNEE MISSION, 66205-2328 TADEO MD, RIA E, 3929 BELL, KANSAS CITY, 64111-4413 TAWADROS MD, HANAN K, 522 N HAMPTON RD, WICHITA, 67206-1502 TENBY MD, MICHAEL C, 5425 FOXRIDGE DR #204, SHAWNEE MISSION, 66202-4514

THOMAS MD, RYAN M, 958 PETERSON ST, WICHITA, 67212-4403
THOMAS MD, STANLEY M, 12620 SLATER LN, SHAWNEE MISSION, 66213-0000
TIPTON MD, KYLE M, 123 N ATCHISON, EL DORADO, 67042-0000
TOPLIFF MD, CONNIE L, 3700 W 24TH ST, LAWRENCE, 66047-2505
TURNER MD, LANE E, 9009 W 48TH TER, SHAWNEE MISSION, 66203-1219
VANVELDHUIZEN MD, PETER J, 4718 W 65TH TER, SHAWNEE MISSION, 66203-1219
G6203-8668

VEAL MD, KATHRYN, 2229 W 74TH ST, SHAWNEE MISSION, 66208-3426 VELAKATURI MD, VINOD N, 12500 SAGAMORE RD, SHAWNEE MISSION, 66209-1387

VENUTI MD, SUSAN E, 3725 EATON ST, KANSAS CITY, 66103-2144
VIERRA MD, ANTHONY R, 8220 OXFORD CIR #11202, WICHITA, 67226-1863
WAHBEH MD, ANTHONY D, 4319 EATON ST, KANSAS CITY, 66103-3507
WALTON MD, TERRI D, 2159 S COOPER CT, WICHITA, 67207-5834
WARREN MD, RONDA L, 2629 W 43RD AVE, KANSAS CITY, 66103-3122
WILSON MD, MICHAEL A, 555 N PERSHING ST, WICHITA, 67208-3951
WOLFE MD, ANNE-MARIEKE, 3439 E MURDOCK ST, WICHITA, 67208-3012
WOOD JR MD, ROBERT A, 5120 GARNETT ST, SHAWNEE MISSION, 66203-

YOUNG MD, EDMOND M, 11600 HARMONY LN, OLATHE, 66062-0000 YOXALL MD, KELLY E, 4114 NW 65TH ST, KANSAS CITY, 64151-4060 ZIDEK MD, NANCY J, 615 N PERSHING ST, WICHITA, 67208-3456

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ANDERSON, CY K, 8405 W CENTRAL #1811, WICHITA, 67212-3666
ANLIKER, WAYNE L, 919 N SUNSET DR, OLATHE, 66061-0000
ARROYO, ERRICK J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
BARASH, BRIAN D, 3901 RAINBOW, KANSAS CITY, 66160-7303
BARNES, PAMELA J, 5106 W 58TH ST, SHAWNEE MISSION, 66205-0000
BEARY, WILLIAM M, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
BEAUREGARD, CURTIS L, 1889 S 32ND ST APT A, KANSAS CITY, 66106-0000
BERMAN, ALAN S, 4415 OXOFORD, SHAWNEE MISSION, 66208-0000
BLEYTHING, TRACY A, 3901 RAINBOW BLVD, KANSAS CITY, 66103-0000
BRANDT, JOHN F, 3901 RAINBOW, KANSAS CITY, 66103-7303
BOHMER, JAMES T, 30TH AND RAINBOW BLVD, KANSAS CITY, 66103-0000
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BROWN, NORAH E, 2312 S FERREE, KANSAS CITY, 66103-1731
BROWN, CHRISTOPHER A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
BURNS, BRYAN W, 8029 BARKLEY ST, SHAWNEE MISSION, 66204-3842
BURRIS, JULIE R, 110 N DORIS BLVD, WICHITA, 67212-2424
BURTNER, JENNIFER J, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
BURTNETT, LAWANA M, 2307 N VINEGATE CT, WICHITA, 67226-0000
CHIRRA, ANNAPOORNA R, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
CHOW-SAUTER, ALANA M, 3600 RAINBOW BLVD #215, KANSAS CITY, 66103-0000

CLARK, STEPHEN D, 901 RECA ST, WICHITA, 67212-0000
CLEMENTS, THAD A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
COLIP, MICHAEL F, 3901 RAINBOW BLVD, KANSAS CITY, 66160-0000
CROWNS, KENDALL V, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
DANIELS PETRAKIS. PATRICIA M, 4503 FRANCIS ST, KANSAS CITY, 66103-3534

DAVIS, KENT S, 1913 FEDERAL, KANSAS CITY, 66103-0000
DAVIS, MARTI RUE, 9515 W 77TH TER, SHAWNEE MISSION, 66204-0000
DENNETT, MIKE A, 3909 BOOTH ST APT 9, KANSAS CITY, 66103-0000
DREES, CHRISTINE A, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
DUNKIN, CHRISTOPHER L, 5823 HOWE DR, SHAWNEE MISSION, 66205-0000
DUNSHEE, CARLYLE M, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
EVANS, KIRSTEN E, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
EWING, WENDY C, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
FIELD,CHARLES E, 5910 W 67TH, SHAWNEE MISSION, 662120000
FLYNN, THOMAS J, 4173 FRANCIS ST, KANSAS CITY, 66100-7303
GARNER, WILLIAM J, 10201 HOWE DR, SHAWNEE MISSION, 66206-2418
GIBSON, STEPHANIE L, 3901 RAINBOW BLVD, KANSAS CITY, 66160-7303
GOLLIER, JOHN C, 5135 RUSSELL ST, SHAWNEE MISSION, 66202-0000
GRATNY, LINDA L, RR 3 BOX 513, LEAVENWORTH, 66048-9561
GREY, CURTIS E, 3838 RAINBOW, KANSAS CITY, 66160-7303
GUNDERSEN, KARL R, 9100 E HARRY ST APT 1201, WICHITA, 67207-4838
GUNLEY, DANIEL J, 5005 BROADMOOR APT 124, SHAWNEE MISSION, 66202-0000

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Notes

Hospital Medical Staff Section 24th Assembly Meeting December 1-5, 1994 Sheraton Waikiki Hotel Honolulu, Hawaii

Representation Education and Networking

Send a representative from your hospital medical staff and physician organization to the 1994 Interim American Medical Association Hospital Medical Staff (AMA-HMSS) Assembly Meeting held on December 1-5 in Honolulu. Aside from participating in the development of AMA policy, representatives will have an opportunity to network with colleagues, dialogue with the AMA Board of Trustees, and hear the latest news and information on health system reform.

With a changing health care environment, broader diversity within the physician population, limited resources, and an overriding need for unity of purpose and action by organized medicine, the AMA has undertaken a study of the Federation.

Federation Consortium Study

The study, involving county, state and specialty societies, the AMA, and other related organizations, intends to uncover useful information for developing ways to increase membership, member participation, and advocacy as well as improve communications, medical society performance, and resource utilization.

Project leaders have asked the AMA-HMSS to participate in the process because it effectively represents grassroot physician concerns. Input from each HMSS representative also will be extremely valuable in defining organized medicine in the future.

The 1994 Interim AMA-HMSS Assembly Meeting Education Program will host the Consortium study. Data collected and analyzed will facilitate the following objectives:

- Identify current and future needs, expectations, and preference of physicians and others for organized medicine;
- Explore membership ideas and options;
- Assess how medical societies relate to each other—including ways to be more supportive, avoid duplication of effort, leverage strengths, and better address weaknesses;
- Discover whether there are better tools/technologies that medical societies can use to communicate with one another and their members; and
- Enable medical societies to work smart in a more focused and purposeful way.

Plan to participate in the Federation Consortium on Friday, December 3 from 2:30 to 5:30 pm in Honolulu, Hawaii. Mahalo!



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ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of Kansas Medicine for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for Kansas medicine by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

his month we turn again to one of our favorite artists, Jim Hamil, for the cover subject. The sunflower, as the official state flower of Kansas, provides our state with one of its nicknames.

In days past, the legislatures of the Sunflower State and the Cornhusker State delighted in declaring each other's state flower to be a noxious weed. Fortunately, the lawmakers have been concentrating on more pressing issues lately, leaving the horseplay in the background. This is all to the good. After all, the sunflower has many year-round uses, while Nebraska's goldenrod is of value only to allergists — and then only during allergy season!

Our cover painting depicts the commercial growing of sunflowers. These jumbo hybrids yield plentiful seeds, which are used for both human and animal consumption (as bird watchers, we'd guess the birds eat far more than humans), and which are also pressed for their oil — a polyunsaturated fat used in cooking and baking.

As the accompanying poem attests, sunflowers are good not only for the heart, but also for the soul. Can that be said of goldenrod?

WHEN THE SUNFLOWERS BLOOM
I've been off on a journey; I jes' got home today;
I traveled east, an' north, an' south, an' every other way;
I seen a heap of country, an' cities on the boom,
But I want to be in Kansas when the
Sun-

Flowers Bloom.

When all the sky above is jest ez blue ez blue kin be, an' the prairies air a wavin' like a yaller driftin' sea, Oh, it's there my soul goes sailin' an' my heart is on the boom

In the golden fields of Kansas when the Sun-

Flowers Bloom.

Albert Bigelow Paine

Fear and Its Antidote

he only thing we have to fear is fear itself." This phrase from President Franklin Delano Roosevelt's first inaugural address in 1933 calmed a frightened public following the stock market crash of 1929. It was a time of economic chaos, when



Americans faced an uncertain and not very bright future. How would they be able to survive? How could they support themselves and their families? What would become of them?

Many of us may be thinking those same thoughts as we look forward uncertainly to the coming health care reform. Will we survive in the same fashion as before? Will we be able to control our own destiny? Will we be able to provide quality care to our patients? Will we have a choice about whom we serve? These questions and many others make us fearful of the coming changes.

More and more often, it seems that our medical decisions and the way we run our practices are being controlled by outside forces. Insurance companies second-guess and, in many instances, dictate treatment. Governmental programs determine when to hospitalize and what surgical procedures can be done where. DRGs tell hospitals how much they can receive for various diseases and a similar system, RBRVS, is being implemented for physicians.

As confirmed by the increasing use of business managers in medical offices, physicians, as a rule, are not very good businessmen. I am told that we are either number one or number two on the "sucker list," right next to teachers. Perhaps members of both professions are too trusting. Often our investments lose, rather than make, money. (Perhaps Mrs. Clinton could give us some advice here.) The thing that we doctors want to spend our time on, and what we are eminently qualified to do, is take care of patients. That is what we know and can perform better than anyone else — be it insurance company, hospital or government.

Since the KMS House of Delegates, at the annual meeting last May, gave its approval to proceed with the development of a statewide physician-owned managed-care delivery system, the task force has worked diligently and speedily. Heartland Physicians Health Network, or Heart-

land Health, as the new venture is called, is designed to be patient-centered and user-friendly. Capitalization is necessary, just as it was when KaMMCO was formed. This will avoid allegations of antitrust activity. The cost per share is \$2,000. Multiple shares may be purchased, but each investor will have only one vote.

The system will be flexible, as to both payment and the type of care to be provided, depending on the situation and desires of each community. No one system will work for all areas, so adaptability is a key feature of the plan.

The natural competition and fear of generalists versus specialists, rural versus urban and possibly even urban versus urban is unavoidable. We all have seen changes in the manner in which we practice medicine, in the way we are remunerated, in our relationship with hospitals, and in the growth of group practices. So by now we should expect change. We should also realize that some concessions or compromises will have to be made by everyone involved in the system, but we should be sure that any changes made are in the best interests of our patients.

Several weeks ago, the Kansas Medical Society sent an information packet containing a prospectus to every member, and an informational program has been given at locations across the state. Now it is our turn to act. Please give the prospectus your full attention. Ask questions. Satisfy your curiosity and concerns. Make sure you have the answers you need in order to make the proper decision about the network. It represents an opportunity to be a participant in the changing face of health care, rather than an onlooker while other health care providers, the insurance companies and the government make the rules. Let's invest in the thing we know the most about: taking care of patients and being their advocate. Only we can provide quality care at an affordable price.

As Patrick Henry advised, we should hang together to avoid hanging separately. After 200 years that's still pretty good advice. It's a simple fact that in numbers there is strength, so the more members the network has, the more effectively it can work toward assuring quality, cost-effective medical care.

With the advent of Heartland Health, I really don't think we as a medical society or as individual physicians have a reason to fear change! W.E.M.

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The Practice of Medicine: The Best of Times, the Worst of Times

ach of us has our own frame of reference in terms of our practice of medicine. Mine began in 1976, when I resigned from the United States Air Force and moved to Hutchinson to begin a private practice in general psychiatry. At that point, there were



no hassles. In particular, most patients paid out of their pockets, those who had insurance were few, and insurance billing was very simple. Most significantly, no one was telling me how to practice medicine.

However, there were some clouds on the horizon, harbingers of things to come. The first was the system I had left: military, or government, medicine. One of the reasons I left the Air Force was that, in that setting, I was working for a third party. I was paid by that third party, rather than by the patient, and that third party could then tell me how to practice. The focus of military medicine was on *control*, *consistency and predictability*. These were not bad goals, but they were the primary, almost the exclusive, focus. The system was a patriarchy, rather than a democracy. And significantly, in many cases there was a disruption of the physician-patient relationship.

The second cloud on the horizon was the emergence of utilization review and quality assurance. Hospitals were required to engage in the process. We were told (and I believe it was true) that it had to be done and if we physicians didn't do it, someone else would. However, we as physicians were not involved in the development of the process itself, and we were essentially used as conduits to pass down the rules and regulations and enforce them without having an input into their development. The result was medicine influenced by federal agencies where the focus, again, was on control, consistency and predictability.

The present practice of medicine might best be described as "the best of times and the worst of times." This is the best of times in that we know so much and are developing so rapidly in our scientific knowledge of the workings of the human body and the effects of pharmacological

tools. And it is clear that these gains in knowledge and ability to treat our patients will continue to increase exponentially over the next several years.

On the other hand, it is the worst of times. There is someone — in fact, many someones looking over our shoulders. These someones include governmental agencies, the Joint Commission for the Accreditation of Healthcare Organizations, insurance companies, the Kansas Foundation for Medical Care, fiscal intermediaries, managed care organizations, and hospital quality improvement committees. The question is: How much value do these organizations and agencies add to the process of medical care? Of real concern is the disruption of the partnership we once had with our patients. It seems that we now deal with third parties more frequently than with our patients. Additionally, fundamental healthcare decisions are not being made by physicians. At best, these decisions are being made by nurses, under policies determined by bureaucrats. At worst, they are made by high school graduates at computer terminals in Topeka, Kansas City, Los Angeles or New York. This is the result of a system focused on control, consistency and predictability.

Now we must also deal with health care reform. We are constantly reminded that health care reform is about costs. But in my opinion, the real issue is how to control, manage or govern the system: how to, and who will. The questions we have to answer are: will the system be managed and controlled by fiscal intermediaries: the data collectors, the information managers, the planners, or the politicians — or will it be managed and controlled by physicians? The Clinton administration's plan has some attractive, even seductive, features. However, it was developed by people in a think-tank environment, not by the workers — physicians. The Jackson Hole group was actually sponsored by the insurance industry, and from the very beginning there was a declared intent not to include physicians because we are a "special interest group"! (Would anyone dream of building a nuclear power plant without consulting nuclear engineers?)

Almost all of the current plans, both federal and

state, include fundamental healthcare decisions being made by boards or committees with little or no physician involvement. The focus is on managing the system. In my opinion, neither physicians nor organized medicine have completely accepted the reality or necessity of practicing medicine in systems of care. Nor have we been willing to assume responsibility for managing or governing those healthcare systems.

That brings us to the future. The best of times will continue, but will the worst of times get worse? There will be health care delivery systems with organizations at multiple levels, with the focus on financing or governance or control. But we physicians are the workers and add the value to the system. Our job is to focus on service. Clearly, there will be financial constraints.

We as physicians have several choices to make. Will we move down or up the ladder? Will we just be "vendors," or will we be partners with our patients? Who will control the system — those focused on service (physicians), or those focused on command and control? Will we as physicians recognize that it is the cost, "stupid"? Can we establish appropriate management or control over ourselves in our various systems? Will we be able to overcome our personal self-interest for the greater good of the system? Will primary care physicians and specialists be able to work together? Will urban and rural physicians be able to work harmoniously in a broad health care system? It is my opinion that the answer to all those questions is yes, and you will hear more from me on this topic in future messages.

Donald R. Brade, Dis

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Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

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Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

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Dosage and Administration: Experimental dosage reported in treatment of erectile impotence. ^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

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- 1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
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New Legislation Affects Collection of Unpaid Debts

WAYNE T. STRATTON, J.D.,* Topeka

he 1994 session of the Kansas Legislature passed Senate Bill 564, which significantly alters Kansas law with respect to a creditor's right to collect attorneys' fees for unpaid debts and accounts. This bill, which was signed by the Governor and



went into effect on July 1, 1994, makes two changes in Kansas law:

1. Consumer Credit Code

For a number of years, K.S.A. 16(a)-2-507 has prohibited charging of attorney fees in "consumer credit transactions" which are "a consumer credit sale, consumer lease, or consumer loan or modification thereof including a refinancing, consolidation or deferral." A consumer credit sale includes a sale of goods or services in which a) credit is granted either by a seller who regularly engages in credit transactions of the same kind; b) the goods or services are purchased primarily for personal, family or household purposes; and c) either the debt is by written agreement payable in installments or a finance charge is made and the amount financed does not exceed \$25,000.

The statute has now been amended by SB 564 to provide that in consumer credit transactions, "the agreement may provide for the payment by the debtor of reasonable costs of collection, including, but not limited to, court costs, attorney fees, and collection agency fees." Such fees may not be in excess of 15% of the unpaid debt after

default. Moreover, such fees may not include both collection fees and attorney fees. Likewise, such fees may not include collection costs incurred by a salaried employee of the creditor.

The debt created as a result of medical services being rendered to an individual will normally not be covered by this provision, since the rendering of such services is not termed a consumer credit transaction. There may be physicians, however, who enter into credit arrangements with patients following the rendering of medical services. In those cases, this provision may apply.

2. Agreement to Pay Attorney Fees in the Event of Default Upon Payment of a Debt

Historically, Kansas law has prohibited creditors from recovering attorney fees as part of the collection of a debt. The basis for this is K.S.A. 58-2312. The statute prohibited an attorney fee provision in any note or contract evidencing a debt. SB 564 amends this statute and repeals all of the old language so that it now specifically permits inclusion of collection/attorney fee provisions in any "note, mortgage or other credit agreement." However, provisions allowing for the costs of collection: a) may not include collection costs that were incurred by a salaried employee of the creditor; and b) may not include the recovery of both attorney fees and collection agency fees. It should be noted that, unlike the amendment to the Consumer Credit Code, there is no limitation in the amount of attorney fees and collection agency fees which may be charged, so long as the amount is "reasonable."

Some clinics may request patients or responsible representatives of patients to sign an agreement to pay the charges for the services which are rendered. Physicians might consider including a provision obligating the debtor to pay the costs of collection/attorney fees in their agreements. Such a provision should include language similar to the following:

"In consideration of the goods and/or services

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

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provided to the above-named patient by ______, the undersigned agrees to pay any and all charges related to the medical services rendered to, or on behalf of, the patient by ______. In the event this obligation is not paid upon request, the undersigned agrees to pay the reasonable costs of collection of the charges incurred, including (but not limited to) court costs, attorney fees and collection agency fees, except that such costs of collection:

1) May not include collection costs that are incurred by a salaried employee of

_____; and

2) May not include recovery of both attorney fees and collection agency fees.

As with any new legislation, the courts will eventually interpret and explain these provisions in the future.

VOX DOX

Breast Cancer Detection



To the Editor:

I have read the scientific article "Breast Cancer Detection: Improving the Efficacy of Screening Mammography" by Drs. Brecheisen and Snyder (April issue). The article covers the historical development of mammography very nicely. I do have some concerns regarding this article, however. They are:

1) The screening guidelines as described in Table 1 are not current. The guidelines described there have been out of date for several years.

2) The cost of screening in Wichita is considerably less than the average price that was mentioned in the article. The average price is probably appropriate for the United States, but I would expect that the average screening price in Kansas, especially in the large metropolitan centers, is considerably less than the \$100 to \$125 mentioned. Since cost is being discussed as a barrier to solutions, it seems only appropriate that average charges in Kansas would be the appropriate cost to refer to for an article in this journal.

Mobile mammography in Texas could easily be able to lower cost where the average charge is greater than \$100. That is not necessarily reflective of what can be accomplished in Kansas.

- 3) The statement that no female to date has been shown to develop breast cancer as a result of having undergone multiple yearly mammograms is probably misleading in that, given the large number of breast cancers in the population and the unlikely event that radiation could produce a breast cancer, it would be very difficult to prove or disprove the cause of a single isolated breast cancer.
- 4) Most all of the established risk factors that are described in Table 2 are completely worthless in trying to determine who should and who should not have screening mammography. It may be interesting from a scientific point of view, but the low differential risk factors are of little value from a practical point of view. In regard to mammographic parenchymal patterns, most knowledgeable mammographers no longer consider the term dysplastic as a mammographic term, and I believe that it should not be used in relation to mammographic descriptions.

David D. Reed, M.D. Wichita

Crisis + Opportunity = Confusion

To the Editor:

I am writing on your editorial in the May issue of Kansas medicine, where you indicate the Chinese characters for crisis and opportunity are almost identical. As you can see, they are not, but the word for danger in Chinese is a compound from two characters, one meaning "crisis" and the other meaning "opportunity." What the saying has become about these two pictographs together is that "in crisis, there is opportunity." But the compound still means "danger."



Marian C. Yee Managing Editor, San Francisco Medicine

We thank Ms. Yee for correcting the interpretation of the Chinese characters that make up the word danger. She correctly identifies them as meaning "crisis" and "opportunity." We apologize for not checking the source, but instead relying on memory alone. The sense of the paragraph is, however, the same: this time of crisis is also a time of opportunity, if we have the courage to go forward boldly. Our thanks to Ms. Yee not only for keeping us honest, but also for reading the editorial.

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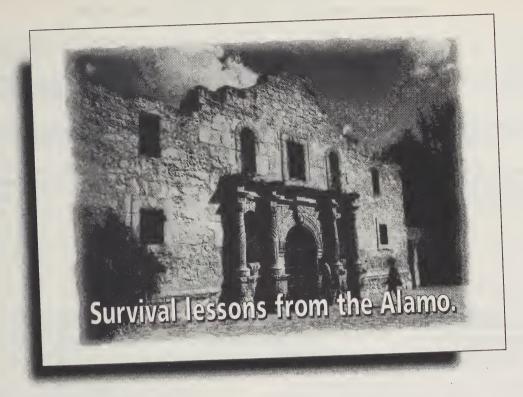
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Human Listeriosis: Case Report and Review

REBECCA T. HORVAT, Ph.D.,* AND MUBASHIR A. ZAHID, M.D.,† Kansas City

uman listeriosis is often contracted from contaminated food and therefore can occur in outbreaks. Listeria monocytogenes, the causative agent of listeriosis, is found in water, soil, sewage and decaying vegetables. Numerous epidemics of listeriosis have been documented. These epidemics occur most often in the summer months and can often be traced to a food source such as unpasteurized dairy products, raw beef or pork, and cole slaw or packaged salads. 1-3

Invasive disease with L. monocytogenes is usually sporadic and manifests as meningoencephalitis, bacteremia, and rarely with pleuropulmonary or other organ system involvement.3,4 The most common clinical form of listeriosis is meningitis, which is responsible for about 1% of all cases of bacterial meningitis.^{3,5} We describe a case of meningitis, bacteremia and possible pulmonary dis-

ease caused by L. monocytogenes.

History

In July 1993, a 67-year-old woman reported to her local emergency room with sudden onset of headache. She was discharged after symptomatic management. She returned four hours later with worsening headache, nausea and fever (102°F). She was confused and agitated. The patient was treated with intravenous antibiotics. However, her condition continued to deteriorate in the ensuing hours. She developed respiratory distress and was intubated en route to the University of Kansas Medical Center. The patient was a type II diabetic and possibly alcoholic. There was no known history of travel, exposure to ticks or tuberculosis. It was not known whether the patient had consumed raw meat or unpasteurized dairy products.

On arrival at the hospital, the patient was afebrile but tachypneic and tachycardiac. She was agitated, but without meningeal signs or focal neurologic deficit. A chest x-ray revealed bilateral infiltrates consistent with adult respiratory distress syndrome (ARDS). A peripheral blood white-cell count was 29,400/ml with 69% segments, 18% band forms, 7% lymphocytes and 6% monocytes. Electrolytes and renal functions were normal. Liver functions were slightly abnormal, with a total bilirubin of 1.6 mg/dL, alkaline phosphatase of 110 IU/L, aspartate aminotransferase (AST) of 88 IU/L, alanine aminotransferase (ALT) of 33 IU/L, and a gamma-glutamyltransferase (GGT) of 144 IU/L. The patient's blood glucose was 281 mg/dL.

Cerebrospinal fluid (CSF) was cloudy and xanthochromic. The CSF protein was 1,274 g/L; glucose was 1 mg/L. The total cell count in the CSF was 5,625/ml, with 97% polymorphonuclear leukocytes (PMNLs) and 3% mononuclear cells (Figure 1A). The gram stain of the fluid showed rare gram positive rods (Figure 1A). Latex agglutination of the CSF was negative for S. pneumoniae, N. meningitidis, H. influenzae, Streptococcus group B and E. coli Kl (Wellcogen Bacterial Antigen Kit, Murex Diagnostics Lim-

ited, Dartford, England).

Cultures of both the blood and CSF grew a motile gram-positive rod as the only bacterial isolate (Figure 1B). The bacterium was found to be catalase-and esculin-positive. When tested for carbohydrate fermentation, it utilized maltose but not mannitol or xylose. It was thus identified

as L. monocytogenes.

The patient was treated intravenously with ceftriaxone, 2 grams every 12 hours; and with ampicillin, 2 grams every 4 hours. She remained afebrile for five days, showing improvement of the leucocytosis, but did not regain neurologic function. On the sixth hospital day, fever and leucocytosis recurred. She developed multi-organ failure with gastric hemorrhage and died on hospital day seven. The family declined an autopsy.

Discussion

L. monocytogenes is a motile gram-positive bacillus that can be isolated from numerous environmen-

KS 66160.

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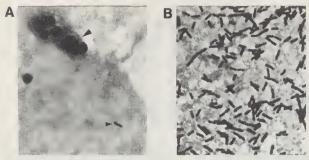


Figure 1. Gram stain of organism from cerebrospinal fluid and blood. (A) Direct Gram stain of cerebrospinal fluid. Large arrow shows the numerous polymorphonuclear leukocytes seen in the direct Gram stain. The small arrow shows the gram-positive bacilli noted in the direct Gram stain of the cerebrospinal fluid. (B) Gram stain of the bacteria grown from the positive blood cultures.

tal sources. It can cause infections in pregnant women, newborns, elderly individuals and immunosuppressed patients. However, listeriosis is infrequently reported in patients affected with acquired immunodeficiency syndrome (AIDS). Although these patients have a profound impairment of their cellular immunity, the incidence of *L. monocytogenes* infection in AIDS patients is only 0.2%.⁶ In the general population, the incidence of invasive listeriosis is reported to be 3.6 to 7.4 cases per million, with an overall mortality rate of 23%.^{1,3}

Most reported cases of listeriosis in the United States occur in older adults, with a significant male preponderance. The major risk factors for listeriosis are pregnancy (which is not often associated with meningitis), diabetes, alcoholism, renal or hepatic failure and advanced age. In addition, individuals with impaired cell-mediated immunity, such as patients with cancer, transplant recipients and those taking immunosuppressive drugs, are at risk for *L. monocytogenes* infections. Our patient had three risk factors for listeriosis: diabetes, advanced age and possible alcoholism.

L. monocytogenes is usually ingested with contaminated food. The incubation period of listeriosis ranges from days to weeks. Symptoms of meningeal infection with L. monocytogenes may vary from an abrupt onset to a slow development over several days. Common symptoms are high fever, headache, vomiting and decreased consciousness. In some cases, the patient has focal neurologic deficits, nuchal rigidity, seizures, ataxia and personality changes. Meningoencephalitis with or without bacteremia is the most common systemic manifestation of listeriosis. Cerebrospinal fluid is

often purulent, with white-cell counts varying from 100 to 10,000 cells/ml. The CSF glucose level is usually normal, but can be low, mimicking acute pyogenic meningitis. A low glucose level may correlate with poor prognosis, as seen in this case.

Rare instances of *L. monocytogenes* causing pneumonia and pleural effusion have been reported.^{4,7} The patient described here developed extensive pulmonary infiltrates and acute respiratory failure. Listeria pneumonitis was suspected, but not documented by respiratory cultures. Unfortunately, an autopsy was not done to confirm pulmonary involvement with *Listeria*.

There are no symptoms specific for listeriosis. Thus, clinical suspicion in high-risk populations is the only key. Prompt institution of therapy is essential. Ampicillin, alone or in combination with an aminoglycoside, is the drug regimen of choice. Other antimicrobials, including rifampin, chloramphenicol, tetracycline and erythromycin, are less satisfactory alternatives. Third-generation cephalosporins, now a standard therapy for acute bacterial meningitis, have poor bactericidal activity against L. monocytogenes.3 Neither cephalosporins nor quinolones are recommended for the treatment of listeriosis. Isolated reports have shown successful treatment of Listeria infections with vancomycin.9 This drug may offer a reasonable alternative, but data on this regimen are limited. The recommended duration of therapy varies from two to six weeks, depending on the site of infection, severity of disease and clinical response. 1,3

In conclusion, we describe an instructive case of *Listeria* meningoencephalitis and bacteremia that proved fatal and demonstrates that this pathogen should be considered in high-risk patients. Prompt recognition and empiric therapy are necessary to prevent the mortality associated with *L. monocytogenes* infections. The commonly used cephalosporins, beta-lactam agents and quinolones are ineffective therapy for listeriosis. The penicillins and sulfonamides are appropriate therapy for *Listeria* meningitis and should be used as first-line agents.

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(Continued on page 192.)

CTD: Carpal Tunnel Syndrome, The Facts and Myths

J. MARK MELHORN, M.D.,* Wichita

ccupational diseases affect 15 to 20% of all Americans. Cumulative trauma disorders account for 56% of all occupational injuries. The recognition and control of occupational injuries have become a major concern of employees, employers, medicine and the federal government. Many myths about work-related injuries have developed because of the difficulty of integrating individual risk factors with risk factors in the workplace. Recent studies demonstrate that occupational diseases are multi-factorial in etiology and that a specific job may not be the primary cause for occurrence. Prevention through reduction of risk levels has become the preferred treatment goal. Assessing individual risk factors provides the best opportunity to attain the goal of prevention.

History

The documented history of cumulative trauma disorders (CTDs) is vague. Although discussions of diseases of the human soft tissue date back to the Greeks, Ramazinni specifically described a work injury relationship over 200 years ago.* Ergonomic tools were first developed in the early 1700s. Today we have a better understanding of the workplace and of the limits on the human body, but the dose relationships or tolerance thresholds for an individual remain questionable.

Evaluating dose relationships or tolerance levels is difficult because each individual brings a different set of risk factors to the workplace. Although the workplace may appear the same through ergonomic assessments of the environment or demographic studies of its people, the workplace is uniquely experienced by the individual.

The terms cumulative trauma disorder (CTD), repetitive trauma disorder (RTD), repetitive

stress injury (RSI) and overuse syndrome have been used interchangeably. Only CTD and RTD are considered medical conditions. These diagnoses are frequently described as being related to occupational factors that often develop over time as a result of constant work actions. These disorders, involving damage that may be temporary or permanent to the soft tissues of the human body, have specific symptoms. Each type of soft tissue injury allows for further categorization by the anatomic structure that is primarily involved. Within the upper extremity, these diagnoses can be classified into five disorder groups: muscle, tendon, nerve, vascular, and bone.

The overall incidence rate and prevalence of CTDs are unknown. Following are some generally accepted facts. The National Institute for Occupational Safety and Health (NIOSH) estimates that 15 to 20% of Americans are at risk for developing CTDs, and that one million people employed at some time during 1988 had self-reported, medically attended carpal tunnel syndrome. CTDs accounted for 56% of all workplace illnesses in 1990, compared to 21% in 1982, according to the Bureau of Labor Statistics (BLS). In 1990, 185,400 cases of CTD were reported to the BLS, an eight-fold increase from 1982. The OSHA Office of Ergonomic Support notes that 33 to 40% of people receiving worker's compensation have musculoskeletal workplace injuries, and that the figure increases with the worker's age. Approximately 56% of occupational illnesses may be related to repetitive motion.*

In September 1992, a Kemper Insurance representative stated in a presentation that prevention of CTD in the workplace requires comprehensive employee training and conservative treatments "only with guidelines from a consulting physician." The article quoted her as saying, "The medical tests available to diagnose CTD include history, physical examination, vibrometry, and nerve conduction tests (which are painful, sophisticated, and expensive). Based on insurance data, traditional surgery has a success rate of 50% and

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endoscopic surgery is still questionable in its results."*

Because of the alarming increase, every industry has concerns about CTDs. State and federal organizations have established groups; industry has established health programs; medicine has established education and health guides; and OSHA has established mandatory reporting and on-going workplace modifications to try to change CTD trends. Industry has recognized CTDs as its greatest risk to productivity and profitability. Most efforts have still focused on the overall problems instead of the individuals who make up the base of the pyramid, but monitoring of the individuals' response to the workplace will have the greatest effect on these presently increasing trends.¹

Carpal Tunnel Syndrome

The most commonly described and diagnosed condition of CTD is carpal tunnel syndrome (CTS). CTS was first described by Sir James Paget in 1854; in 1913, Marie et Foix described the pathologic changes of the median nerve; in 1938, Moersch coined the name of the syndrome; in 1946, Cannon and Love described the first series of patients with median nerve compression.* While electrodiagnostic studies and vibrometry are widely used to confirm the diagnosis of CTS, physical examination is at least 85% accurate in making the diagnosis.*

The usual symptoms of carpal tunnel syndrome are weakness or clumsiness in the hand, hypesthesia or paresthesia in the distributions of the median nerve, aggravation of the symptoms as the patient uses the hand, awakening from sleep with numbness in the fingers, pain in the wrist or distal forearm, and possible upper arm or shoulder pain.* Provocative signs on clinical examination and the history are the key considerations for making the correct diagnosis. Thenar atrophy is a late sign and signifies significant permanent functional loss.

Numerous medical conditions associated with CTS include rheumatoid arthritis, thyroid imbalance (particularly myxedema), acromegaly, multiple myeloma, amyloidosis, diabetes mellitus, local trauma to the wrist, alcoholism, hemophilia, local tumor, hormonal changes associated with menopause, pregnancy, pleonosteosis, gout, and a variety of anatomical anomalies.*

The pathophysiology of CTS is due to the swelling of the flexor tendons in the carpal tunnel. As the swelling occurs, the vascular supply to the

median nerve is compromised. As the nutrient and oxygen supplies are decreased, the nerve slowly loses the ability to transmit nerve impulses. Scar and fibrous tissue eventually develop within the nerve. Depending on the stage of injury, changes to the nerve and muscles may be permanent.*

If the progression of injury can be altered with modifications to the workplace or with conservative medical treatment, the tendonitis may resolve before developing into CTS. The conservative treatment for CTS may include splinting, casting, injections, oral nonsteroidal anti-inflammatory medications, exercises and workplace modification. If the progression of injury continues, the treatment becomes surgical. The goal of surgery is to increase the space for the flexor tendons and the median nerve. Surgical treatment frequently results in improvement of the nerve function, both clinically and electroneurographically, but surgery does not necessarily return nerve function and feeling to normal. Subjective complaints frequently persist after the surgery. Postoperative management may include wrist immobilization from 1 to 14 days, during which time the patient is encouraged to use the hand.* Early mobilization and use of the hand speeds recovery and improves long-term functional capacities.* The usual postoperative course is characterized by an almost immediate relief of pain and some improvement in the sensation of the fingers if the patient does not have axonotmetic or neurotmetic lesions of the median nerve. After the initial — and usually dramatic — improvement in sensation, the patient experiences some slight decrease in improvement (about one week post-operatively). Improvement will again be realized after this transient partial relapse. Following carpal tunnel surgery, strengths generally return to 50% of normal by four weeks and to 75% by eight weeks, with endurance requiring six months; swelling at the base of the thumb can be expected to persist for 12 to 16 weeks, and maximum improvement to the nerve occurs around 18 months.*

Prevention

Risk prevention has become the goal of medicine, and many medical and epidemiological studies are being published on CTD and CTS.^{1-4*} The focus of many of these studies has been job task-oriented, reviewing the human-machine interface. When analyzing the upper extremities, usually only six components are reviewed. These

components include: posture, motion, force, repetition, temperature and vibration. Unfortunately, these studies tend to be machine-or environment-oriented, instead of people-oriented.

Many industries have responded to increasing concerns about CTS by implementing prevention programs and by studying the causes of workplace neuropathies. Commercial enterprises now manufacture and widely advertise products for keyboard operators to prevent and treat numb fingers.* Work stations that control lighting, layout and body positions now minimize risks for CTDs.*

New systems, such as map monitoring, allow for the evaluation of people before and after machine and environment changes. Map monitoring allows for the direct assessment of the risk level for the individual, not the assessment of the nonhuman workplace.¹

As a result of these studies, the relationship of CTS to occupation has been questioned for decades.* Many researchers^{5,6*} assumed that CTS was caused by the job; however, recent studies demonstrate inconsistencies with this hypothesis. CTD and CTS are the result of multiple human factors.^{2-4,7,8*}

Consideration of occupation as the primary causation poses four inconsistencies: 1) CTD patients come from many different job categories, not just occupations involving forceful or highly repetitive use of the upper extremities; 2) the majority of workers in any given occupation within a particular industry do not experience CTS; 3) the relatively short average duration of employment of worker's compensation patients with CTS (the Oregon worker's compensation data 93 showed that one third of all CTS claims were for individuals who had been employed for one year or less, and one half of all CTS claims were for individuals who had been employed for three years or less); and 4) major discrepancies exist between subjective CTS symptoms and nerve conduction studies (NCSs). Nearly 50% of women under 40 years of age who were referred for evaluation of CTS symptoms did not have abnormal NCSs; the majority of individuals describing classic CTS symptoms in only one hand had bilateral NCS abnormalities.7-10*

Assessing Risk

To better understand the multiple factors involved in the causation of CTD and in specific CTS, many studies have been undertaken.* The goal has been to try to establish a method of

detection of risk factors to allow for prevention programs for individuals. One study has used a medical model that includes a combination of questionnaire, physical examination and testing.¹ This system of monitoring reviews over 300 human factors to establish an "at-risk level" for each upper extremity. Initial results indicate a 95% correlation between the risk level and a diagnosis of CTD.* In a second study, 15 factors were reviewed using linear correlations between 10 individual factors and five job related factors comparing maximum latency difference as a probable and definite carpal tunnel syndrome diagnosis in 3,429 hands.⁷ The factors, in order of importance, follow: maximum latency difference, body mass index, age, wrist depth/width ratio, duration of employment, specific job, hand dominance, avocational exercise level, nationality, height, repetitions, occupational hand use. Protective factors included duration of employment. avocational exercise level, nationality, height and repetitions.⁷ In a third study, a self-administered test was used for the diagnosis and epidemiologic study of CTS. The conclusion was that the hand symptom diagrams were a useful diagnostic tool but did not replace the formal history and physical examination.*

Summary

Recognition of the need for risk control of occupational injuries and prevention programs has led to many new studies demonstrating that occupational diseases are multifactorial in etiology, and that a specific job may not be the primary cause for occurrence. As a result of the many causes, myths about work-related injuries have developed. CTDs are the majority of occupational injuries. Individual risk factors are a better predictor of development of CTD and CTS than are jobrelated factors. Risk for carpal tunnel syndrome is closely related to general physical condition. Improved general health and health prevention programs may reduce an individual's risk level for developing a cumulative trauma injury. Risk measurement systems now allow employers to establish programs with measurable results. Since assessing the individual risk factors provides the best opportunity to attain the goal of prevention, the next step is for employee, employers, insurance carriers and the medical profession to establish concurrent prevention programs based on human risk factor evaluation systems.

(Continued next page.)

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HUMAN LISTERIOSIS

(Continued from page 188.)

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Repetitive Use Injury: Diagnosis, Treatment and Prevention

ALLEN J. PARMET, M.D., M.P.H.*

ith the development of advanced production techniques which increase efficiency and productivity, workers are often required to perform high-intensity repetitive motions. Such use is apt to result in repetitive use injury (RUI), the third most costly form of workers compensation injury, averaging over \$39,000 per claim. RUI, of which carpal tunnel syndrome is archetypic, is produced by highly repetitive or forceful actions at awkward or extreme postures, or by exposure to vibration. The resultant soft tissue microtrauma occurs at a rate in excess of the rate of natural repair. Thus, the duration of the exposure or repetitive motion is critical. The incidence of RUI increases markedly at exposures greater than 6 hours per day and more than 30 hours per week at repetitive work.²

The most notable of the productivity advances is the replacement of the typewriter with the word processor. In bygone days, there were natural breaks in the typist's work, from stopping at the end of a line for manual carriage return to reloading paper. With today's word processors and computers, a typist can literally type from beginning to end of a book without stopping. This prolonged repetitive work often occurs at an awkward keyboard configuration and while sitting in a suboptimal posture. The standard typewriter keyboard, called a QWERTY (for the first six letter keys in the top row, was created intentionally to slow typists down and avoid key jams. The resultant keyboard requires typists to move their fingers off the home row more than 70% of the time. An alternate keyboard called the Dvorak places 70% of all letters typed o the home row, thus minimizing the additional strain and motion for typists and allowing them to go much faster with less stress and effort. Despite the Dvorak's introduction in 1936, there has been little effort to change, although software can be purchased, for under \$30, that permits virtually any word processor to be reconfigured to a Dvorak.^{3,4}

The most debilitating form of RUI is carpal tunnel syndrome. Repetitive motion of the flexor tendons produces tenosynovitis which, in turn, compresses the median nerve as it traverses the highly confined space bounded by the arch of the wrist bones and the transverse carpal ligament (flexor retinaculum). Symptoms include numbness and tingling in the median nerve distribution, which includes the palmar aspect of the thumb, first and second fingers, and the thenar half of the fourth finger. Loss of function of the thenar muscles and Raynaud's phenomenon may occur.

Prevention of carpal tunnel syndrome and RUI among typists should include "microbreaks": one to two minutes of stretching the upper extremities and neck every 30 minutes. Body position should also be optimized. Typists should sit straight with lumbar support, in a comfortable chair, with their knees bent approximately 90 and feet flat on the floor. Hyperflexion should be avoided. The keyboard height should be comfortable. Video display terminals, if used, should be centered directly ahead, at chin height and 20 inches from eyes. Presbyopic workers may require special reading glasses adjusted to a distance of 20 inches (not the usual 14 inches).

Easy preventive measures can be applied to many repetitive jobs. For example, prolonged standing may be eased by using a shock-absorbing, slip-resistant mat. Lifting is best performed from a comfortable position with the knees flexed, lumbar spine straight, and wrists in the neutral position, using handles. When repetition cannot be avoided, workers can rotate the tasks.⁶

The mainstay of treatment for RUI is alteration of the causative factors. Splinting and oral antiinflammatory agents are useful in an acute flareup. Local injection of glucocorticosteroids offers good short-term effects, but fewer than 25% of patients obtain long-term relief.⁷ Entrapment neuropathies, best confirmed by electromyograms and nerve conduction studies, are usually

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treated by an open release procedure, whereby 80% of patients obtain symptomatic benefit. Endoscopic release has a higher complication rate and a lower success rate.

Clearly, the best approach to RUI remains prevention, either through changing the nature of the job, or by making ergonomic adjustments for the worker.

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ACUTE QUADRIPLEGIC MYOPATHY

(Continued from page 196.)

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Acute Quadriplegic Myopathy

MICHAEL S. HANDLER, M.D.,* Kansas City

Acute quadriplegic myopathy (AQM) is a recently described and, as yet, under-appreciated entity that afflicts patients treated in intensive-care settings. It is believed to result from a toxic drug synergism, most often involving a corticosteroid and a nonpolarizing neuromuscular blocking agent such as pancuronium. It is not known what other drugs may share this potential toxic effect, and in a few cases, such as this one, nondepolarizing neuromuscular blocking agents had not been given.

Clinical Presentation

A 24-year-old white male sought medical attention for severe dyspnea. Chest x-ray revealed a 15-cm mediastinal mass, and a subsequent bronchoscopic biopsy disclosed a poorly differentiated embryonal carcinoma. The patient received radiation therapy (3,100 rads), dexamethasone 4 mg QID, and aminophylline, followed by a course of chemotherapy consisting of cis-platinum, bleomycin and etoposide. Aminoglycosides were started for suspected pneumonia. Within a few days the patient developed marked generalized weakness without myalgias. A muscle biopsy was obtained 18 days later. At the time of biopsy, the serum CPK was elevated to 650 IU/L. During his second course of chemotherapy, the patient developed marked neutropenia and opacified lung fields, as seen by chest x-ray. Broad-spectrum antibiotics were reinstituted, and eventual resolution of the pulmonary infiltrates followed, except in the perimediastinal region, where persistent opacifications were attributed to radiation fibrosis. The patient was discharged, but was readmitted two days later for extreme weakness. He was intubated and died one week later.

Multiple transverse sections of the formalinfixed and snap-frozen skeletal muscle biopsy were prepared with conventional and histochemical techniques and showed scattered angular atrophic myofibers that contained granular, slightly basophilic cytoplasm (Figure 1). Many of these atrophic myofibers appeared dark or stained with a peculiar mottled pattern on the ATP'ase preparation at pH 4.6 (Figure 2). A few myofibers had little or no reaction to ATP'ase staining at any preincubation (pHs 4.3, 4.6 or 9.4). Many of the most atrophic fibers stained intensely with the succinic dehydrogenase reaction. Ultrastructural examination disclosed Z-band streaming and showed that the intermyofibrillar spaces were focally disrupted by irregular vacuoles containing glycogen and membranous debris (Figure 3). In these areas, H-bands could not be identified, indicative of myosin filament loss.

Discussion

Acute quadriparesis following high-dose steroid therapy was first described in 1977¹ and subsequently reported in 39 additional patients (including the present case), using a variety of names.²⁻⁴

Most commonly, patients are chronic asthmatics who, despite corticosteroids, aminophylline and broad-spectrum antibiotics, develop respiratory insufficiency necessitating intubation and mechanical ventilation. Pancuronium-like medications are usually administered at this time so the patients will not "fight" the ventilator. Shortly afterwards the patients experience severe, diffuse weakness with atrophy and become difficult to "wean off" mechanical ventilation. Some patients experience myalgias. Sensation, mentation and cranial nerve function are not affected. Cerebrospinal fluid studies have been unrevealing. Electromyographic and nerve conduction studies have shown no consistent pattern. CPK determinations have been moderately to markedly elevated in 23 patients and normal in 7. Nine patients died, most often from their primary disease, but the cause of death in two patients was not determined. The remaining patients improved once the offending drugs were discontinued, and 16 patients achieved full recovery.

All 40 AQM patients received high-dose steroids. Thirty-seven patients were also given a nondepolarizing neuromuscular blocking agent, most commonly pancuronium. Nineteen of these patients were treated with aminoglycosides. Two

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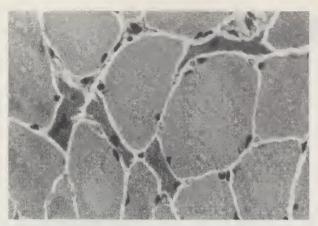


Figure 1. H&E-stained cross-section showing frequent angular atrophic myofibers. (mag: 1,000x)

patients were treated with high-dose steroids and an aminoglycoside in the absence of nondepolarizing neuromuscular blocking agents.⁵ The drug history for the remaining patient is not well docu-



Figure 2. ATP'ase preparation, pre-incubated at pH 4.6, showing mottled staining pattern of affected myofiber. (mag: 1,000x)



Figure 3. Electron microscopy showing Z-band streaming, myosin loss and vacuoles containing glycogen and cellular debris. (mag: 30,000x)

mented, but it is noteworthy that this patient required intubation, was treated with antibiotics, and was allergic to penicillin.⁶

AQM is believed to result from a toxic synergism between corticosteroids and a nondepolarizing neuromuscular blocking agent, most commonly pancuronium. Animal studies suggest that denervated myofibers increase the number of their steroid receptors.⁷⁻⁹ Nondepolarizing neuromuscular blocking agents may, via a similar mechanism, increase the myopathic potential of corticosteroids. Aminoglycosides, which have a curare-like effect on neuromuscular function, may potentiate the toxic synergistic effect of corticosteroids and pancuronium-like medications. In the absence of nondepolarizing neuromuscular blocking agents, the effects of aminoglycosides on neuromuscular function may have a similar and sufficient effect to elicit the same myopathic syndrome. Such a role was first suggested by Op de Coul, 10 but it has since received little attention. Other commonly used drugs such as tetracycline, lindomycin, polymyxin, lithium and magnesium sulfate may also cause neuromuscular blockade and may, therefore, induce or exacerbate this myopathy.

Corticosteroids, nondepolarizing neuromuscular blocking agents, aminoglycosides and the other medications mentioned above are commonly employed in intensive-care settings. Thus, AQM is probably not rare, but under-appreciated. In this regard, it is of interest that two additional cases of AQM have been identified in this medical center since this report was first prepared.

(Continued on page 194.)

Immunization Coverage Rates Among Two-Year-Olds in Kansas

s part of the Comprehensive Childhood Immunization Initiative, national goals for immunization coverage rates among two-year-olds have recently been revised. By 1996, 90% of two-year-olds should be vaccinated with one dose of measles, mumps and rubella vaccine (MMR1); three doses of oral polio vaccine (OPV3); at least three doses of diphtheria, tetanus, and pertussis vaccine (DTP3); and at least three doses of Haemophilus influenzae type B vaccine (HIB3). In addition, 70% of two-year-olds should have received three doses of hepatitis B vaccine (HBV3). Interim goals for 1994 and 1995 for each vaccine have also been developed.

The new goals represent a departure from previously stated goals that focused on full coverage with three vaccines (i.e., DPT4 + OPV3 + MMR1). Setting goals for each vaccine allows immunization programs to concentrate efforts on those vaccines most in need of coverage improvement and is more compatible with how immunization coverage is usually measured at school entry.

In order to assess immunization coverage rates in Kansas, each year the Kansas Department of Health and Environment conducts a retrospective survey among children entering kindergarten. For the 1993-94 school year, 11,139 records of kindergarten students were reviewed for immunization status at the time of their second birthday. The data are therefore approximately three years out of date by the time they are collected, since most children entering kindergarten are five years old.

Results of the 1993-94 retrospective survey indicate that Kansas has come close to reaching the interim goals for DTP3, MMR1 and OPV3 for 1994 (see Table). When the data are broken down by county, 91 (87%) of the 105 counties in the state have reached the 1994 goal of 80% coverage for DTP3, 59 (56%) counties have reached the goal of 85% coverage for MMR1, and 57 (54%) counties have reached the goal of 75% coverage for OPV3.

Unfortunately, there are no data available from schools regarding coverage rates for HIB and HBV vaccines, since neither is currently required for kindergarten entry. Coverage rates in Kansas for these two vaccines are expected to be available in late 1995 from a national survey conducted by the Centers for Disease Control and Prevention. However, based on data from clinic assessments of vaccine providers in both the public and private sectors, it appears that HIB3 vaccine coverage rates are close to the 1994 goal of 75%. HBV3 vaccine coverage rates among two-year-olds are estimated to be extremely low (<5 percent), since the state immunization program is currently providing this vaccine to only 2 counties (Sedgwick and Wyandotte) in the state. It is doubtful that HBV coverage rates will have increased significantly by October, when the immunization program is able to distribute the vaccine statewide.

Recent changes in the immunization schedule (OPV3 is now recommended to be given at 6 months of age, and MMR1 is recommended as early as 12 months of age) are expected to im-

(Continued next page.)

IMMUNIZATION COVERAGE RATES AT 2 YEARS OF AGE AMONG CHILDREN ENTERING SCHOOL IN KANSAS IN 1993-1994 AND NATIONAL GOALS FOR 1994-96

Vaccine	Kansas 1993-1994	Goals for the United States			
		1994	1995	1996	
DTP3	86	80	85	90	
MMR1	81	85	90	90	
OPV3	74	75	85	90	
HIB3		75	85	90	
HBV3		30	50	70	

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prove coverage rates for these two vaccines. It is now possible for a child who is age-appropriately vaccinated to receive the primary series of all of the recommended childhood vaccines (i.e., DTP4, OPV3, MMR1, HIB3 or 4, and HBV3) by 12 months of age. Since immunization coverage rates have traditionally been much better during the first year of life than during the second, it is hoped that use of this accelerated immunization schedule will insure that more children are completely immunized by their second birthday.

Reported by: Immunization Section, Bureau of Disease Control, Kansas Department of Health and Environment

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Meckel's Diverticulum

DONALD STALLMAN, M.D., AND DAVID BRECKBILL, M.D., Wichita

10-year-old female sought medical care for a one-year history of loose stools. Her last stool was the first her parents realized was bloody, but the patient stated that several previous stools had contained blood. She also complained of headache and dizziness. On physical exam, she was noted to be very pale, but the exam was otherwise unremarkable. Complete blood count (CBC) revealed hemoglobin of 4.4 (normal: 12-16 gm/dl), mean corpuscular volume 58 (normal: 82-100 fl), and mean corpuscular hemoglobin concentration 32.1% (normal: 32 to 36%).

Imaging Findings

Barium examination of the upper GI tract showed normal esophagus, stomach and proximal small bowel, but small bowel follow-through revealed a blind pouch in the right pelvis, most likely on the antimesenteric border of the distal ileum (Figure 1). This was noted to have peristalsis at fluoroscopy. Meckel's scan, performed with radioactive 99mTc pertechnetate, showed the classic pattern of a focal site of increased uptake in the right mid-abdomen, the activity level of which mimics stomach activity (Figure 2). At laparotomy, a Meckel's diverticulum was removed (Figure 3).

Discussion

Meckel's diverticulum is the most common anomaly of the gastrointestinal tract, present in 1.5 to 4% of the population. Clinical symptoms occur in 20 to 30% of those cases; these often include painless rectal bleeding in infants and children. In nearly all cases with bleeding, the diverticulum contains gastric mucosa. Meckel's diverticulum is best visualized by nuclear imaging, the Meckel's scan. Plain supine and erect films of the abdomen might show signs of intestinal obstruction or free air, but are more often unremarkable. Barium study of the small bowel is usually nondiagnostic, but if a diverticulum is



Figure 1.

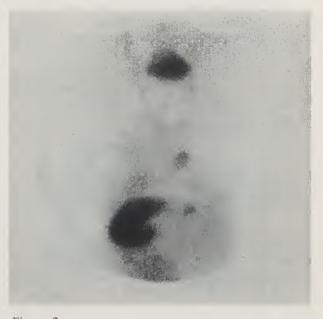


Figure 2.

Address correspondence to the authors at Dept. of Radiology, UKSM-Wichita, 550 N. Hillside, Wichita, KS 67214-4976.

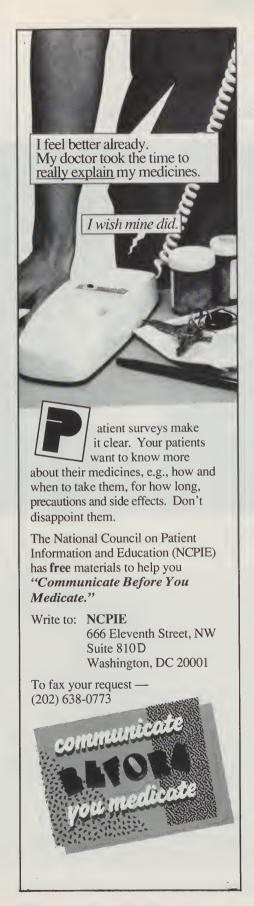




Figure 3.

identified, it will be on the antimesenteric side.

Meckel's scan with 99mTc pertechnetate has a 95% specificity for detection of a Meckel's diverticulum containing gastric mucosa. Accuracy for ectopic gastric mucosa is 98%. Pertechnetate ion (TcO4) is accumulated by mucous cells of the gastric mucosa and is secreted into the lumen of the bowel. The exam can be enhanced by the use of glucagon, cimetidine, or pentagastrin. Glucagon inhibits peristalsis, thereby decreasing dilution of the tracer. Cimetidine inhibits pertechnetate secretion from the mucous cells to the lumen, trapping the tracer within the cells. Pentagastrin inhibits gastric secretion directly, and is reserved for those cases when the routine study is negative, but clinical suspicion is high. A Meckel's scan should be performed before the barium study, as barium will attenuate the emitted radiation. If it must be performed after a barium study, pertechnetate imaging should be delayed until the barium has cleared.

Medical Information Searches

RONALD DAVIS, M.D., * Wichita

There is always that one piece of information the physician would like to have, that certain component of the physical examination that would be helpful to know more about, or the latest clinical information on a disease, condition or medication. With a busy schedule, time is critical. How can the physician get the needed answers without taking too much time?

There are several sources that can be accessed directly with one's own computer: MedLine, Grateful Med, and Loansome Doc make use of the National Library of Medicine in Bethesda, Maryland (see KANSAS MEDICINE, October 1993, pp. 264-67.) Silver Platter, Cambridge Compact Disk and even Internet are also useful. There have been efforts to establish an electronic journal, but these have not been successful.

Another quick and effective method is to consult a medical information retrieval specialist: the medical librarian. Through a visit to the nearest medical or public library, a physician can learn what is available and how best to take advantage of it.

Once you know what is there, a systematic approach such as that outlined below will keep the search time brief.

The first step is to define what you want. If it is a specific article, you'll need at least some of the following: journal title, author, article title, volume, issue number, month/year, pages. The more information you have, the faster the search will be.

For the common situation in which a literature search is needed, the following will help the librarian: The general number of citations desired, any specific data bases, date limitations, human or animal studies, age range of patients in study, and the language. Even with incomplete information, the librarian can conduct a search.

Since time and cost are factors in electronic searches, it is important to limit the search. For example, if you need the information by a certain

time, then this should be made known, as should any cost constraints. The time required to obtain the information and its cost depend on the source of the information and copyright restrictions. Generally, there is either no charge or a charge of \$5 to \$10 for the search and citations. A network access and interlibrary loans are used, with the closest and least expensive sources used first. There may be a local phone number, and in Kansas there is also a toll-free number: 800-332-4193. This connects the caller to the Dykes Library of the Health Sciences at the KU Medical Center in Kansas City. The staff there can direct the physician to local support services or provide services directly.

While many factors are adding to the demands for medical information, old and new barriers exist that separate it from the practicing physician. Old barriers include the lack of readily available journals, texts and audiovisual materials. New barriers are the growing demands on physicians' time and the increasing cost of information. Journal subscription costs are increasing at a rate of 6 to 8% annually for public libraries; 12% for medical libraries; and 15% for university libraries.

There is a great demand for library services. At the University of Kansas School of Medicine-Wichita, the library provides 8,000 items annually to its patrons and loans 3,500 items to other institutions across the country.

Medical librarians emphasize that they are not medical experts; they are medical information retrieval experts. The physician is the final authority on the value of the information. Librarian also note that there is no feedback mechanism to help them evaluate the efficiency and effectiveness of their efforts. This is somewhat of a handicap because it makes improvement of services more difficult.

As the demand for specific and timely information increases, librarians and physicians need to form a partnership to use new technology to bring the results of research to the front line so we may best serve our patients. Concepts such as just in time, point of sale, total quality improve-

^{*}Address correspondence to Dr. Davis at Family Med-Center, 315 N. Hillside, Ste. B, Wichita, KS 67214.

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Kansas Medical Society 623 SW 10th Ave. Topeka, KS 66612-1627 913-235-2383, or 800-332-0156 ment, continuing medical education, evidence-based learning and embedded information systems all will have a place in the future electronic and paper medical information system. The physician and the librarian must work together to bring about the full potential of medical research for improving clinical practice.

COUNCIL DISTRICT MEETINGS

District 13 Meeting. Thurs., Oct. 27; Smoky Hill CC, Hays, 6:30 p.m.

District 7 Meeting. Tues., Nov. 1; Emporia CC, 6:00 p.m.

District 10 Meeting. Mon., Nov. 7 (location to be announced); 6:30 p.m.

District 9 Meeting. Tues., Nov. 15; Salina CC (time to be announced).

District 11 Meeting. Tues., Dec. 13; Olive Tree Restaurant, 2949 N. Rock Rd., 6:00 p.m.

Districts 2 & 3 Joint Meeting. Tuesday, Dec. 13 (time and location to be announced).

District 15 Meeting. Tues., Feb. 14, Dodge City CC (time to be announced).

Many Kansas Wells Are Unwell

Your patients whose drinking water comes from a well may be exposed to high rates of nitrate, lead, bacteria and pesticide contamination, according to testing just completed by KDHE. Kansas' broadest private well survey to date indicates half the wells tested contain coliform bacteria, one fourth exceed health guidelines for nitrate, almost one in five contains the pesticide atrazine, and about one in 20 exceeds lead guidelines.

The survey, funded by the CDC, examined the 1993 flood's impact on water supplies. KDHE tested an average of 10 wells in each of the 105 Kansas counties. The agency is still studying the test results to determine whether the counties most affected by last year's flood have more problem wells, and whether certain types of wells are more prone to contamination. A well's location near farming or feedlot operations will also be examined.

About half of all Kansans get their drinking water from groundwater, and nearly 90 percent of rural Kansans rely on one of 14 groundwater areas for drinking water. Wells tap into these underground supplies and, in turn, pollutants can enter these groundwater areas through wells and contaminate them.

Faulty well construction or maintenance, poor location, accidents, repairs without follow-up disinfection, or a combination of these factors can result in *E. coli* contamination. Where *E. coli* bacteria are present, water should not be used for drinking, dishwashing or food washing until it has been boiled.

A "Well Water Fact Sheet," containing a bibliography of information on correcting well problems, is available from KDHE, Government and Community Relations, Landon State Office Building, Room 1051, Topeka, Kansas 66612-1290.



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Hospital Medical Staff Section 24th Assembly Meeting December 1-5, 1994 Sheraton Waikiki Hotel Honolulu, Hawaii

Representation Education and Networking

Send a representative from your hospital medical staff and physician organization to the 1994 Interim American Medical Association Hospital Medical Staff (AMA-HMSS) Assembly Meeting held on December 1-5 in Honolulu. Aside from participating in the development of AMA policy, representatives will have an opportunity to network with colleagues, dialogue with the AMA Board of Trustees, and hear the latest news and information on health system reform.

With a changing health care environment, broader diversity within the physician population, limited resources, and an overriding need for unity of purpose and action by organized medicine, the AMA has undertaken a study of the Federation.

Federation Consortium Study

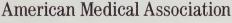
The study, involving county, state and specialty societies, the AMA, and other related organizations, intends to uncover useful information for developing ways to increase membership, member participation, and advocacy as well as improve communications, medical society performance, and resource utilization.

Project leaders have asked the AMA-HMSS to participate in the process because it effectively represents grassroot physician concerns. Input from each HMSS representative also will be extremely valuable in defining organized medicine in the future.

The 1994 Interim AMA-HMSS Assembly Meeting Education Program will host the Consortium study. Data collected and analyzed will facilitate the following objectives:

- Identify current and future needs, expectations, and preference of physicians and others for organized medicine;
- Explore membership ideas and options;
- Assess how medical societies relate to each other—including ways to be more supportive, avoid duplication of effort, leverage strengths, and better address weaknesses;
- Discover whether there are better tools/technologies that medical societies can use to communicate with one another and their members; and
- Enable medical societies to work smart in a more focused and purposeful way.

Plan to participate in the Federation Consortium on Friday, December 3 from 2:30 to 5:30 pm in Honolulu, Hawaii. Mahalo!



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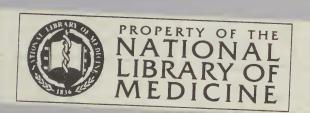
KANSAS MEDICAL

October 1994

Volume 95, Number 10



- Immunization of Healthy Adults
- Primary Care Approach to the HIV-Positive Patient
- DEA Form 104
- Cervical Spondylotic Myelopathy in the Elderly
- Meningococcal Disease in Kansas



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ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of KANSAS MEDICINE for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for KANSAS MEDICINE by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

YUCO

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-car-boxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkalold with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors: Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

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Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may

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Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug. 1.2 Also dizziness, headache, skin flushing reported when used orally.1

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence. 1,3,4 1 tablet (5,4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks. 3

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

- 1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
- Goodman, Gilman The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85
- 3. Weekly Urological Clinical letter, 27:2, July 4,
- 4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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his month we feature a new artist and an impressive landscape that brings together several features of Kansas in a single painting. The artist is Phil Epp, a Nebraska native who received his B.A. from Bethel College, Newton, Kansas. He has been painting professionally since 1974. Mr. Epp was selected as the Kansas Governor's Artist for 1986 and was featured in the Kansas Governor's Artists' Exhibition in 1989.

Phil Epp's use of acrylics yields vivid tones, and he is known for his use of rich color, as well as for the clarity and stark beauty in his depictions of the high plains. His work has recently gained national and international attention. Mr. Epp's paintings and limited-edition prints may be seen at Leopold International, Kansas City, Missouri.

The cover painting, Wind #1, reveals why Kansas is known as the Land of the South Wind. There is no doubt which direction is north in the painting. We've all seen trees in Kansas bent by the wind into compasses. Their deformity and the bending of the fence posts, seemingly in sympathy, add to the Kansas mystique.

The shining rails that run to a vanishing point far off to the east recall the railroad founded by Cyrus Kuntz Holliday in 1859. After the Civil

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316-892-5821 (9-3, M-F) 316-892-5869 (after 7:30 p.m., any day) War, the Atchison, Topeka and Santa Fe not only brought settlers to Kansas but also took cattle and grain back to the eastern markets. From the late 1860s, the railroad made Abilene, Wichita, Dodge City and Caldwell notorious cowtowns. The cattle drives from Texas to the railheads in these cities have become a part of our western American heritage. By the late 1880s the railroads had reached Texas, and a part of our history faded into obscurity. But Kansas still depends on the railroads to carry wheat to domestic markets and the coasts for export.

The broad expanse of sky also brings to mind the aircraft industry that continues to flourish in Kansas because of the generally favorable flying weather. (The day depicted here seems to be a rare exception.) Beech, Boeing, Cessna and Lear Jet have earned for Wichita the title "Air Capital of the World." In fact, if you will allow for some editorial imagination, the cloud on the left is slightly reminiscent of a large Boeing aircraft (we'll leave the specifics to *your* imagination).

Perhaps the turbulent sky will also remind you of the stormy figures that have howled through Kansas since its territorial days: Stephen Quantrill, John Brown, Carry Nation, "Dr." Brinkley. Or of the winds of change: William Allen White, Samuel Crumbine, Amelia Earhart, C.F. Menninger, Dwight D. Eisenhower. . . . Kansas has always had its share of both eccentrics and visionaries. Maybe it's something in the wind.

CME OPPORTUNITIES

Medical Ethics: End of Life Issues. Dec. 2, 1994, Kansas City. Call Bixby Inst., 800-821-5140, ext. 4306.

Peripheral Vascular Disease. Dec. 3, 1994, Kansas City. KU Med. Ctr., 913-588-4488.

Improving Clinical Outcomes. Nov. 29-30, 1994, St. Louis. Call JCAHO, 708-916-5800; Mention program code 0414.

Anti-Aging Med. & Biomedical Technology. Dec. 4-6, Las Vegas, NV; 15 hrs. cat. 1a credit. Several sponsors; call Am. Acad. Anti-Aging Med., 312-975-4034.

Nat'l. Conf. on Community Devel. Dec. 8-10, 1994, Minneapolis, MN. Call Nat. Rural Health Assoc., 816-756-3140.

Cardiology for the Geriatric Patient. Dec. 10, 1994, St. Louis. Washington U. Med. Sch., 800-325-9862.

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Potpourri

hen Vice President Al Gore translated the United States motto, *E pluribus unum*, as "out of one many," rather than its proper translation, "one out of many," he may have more correctly described the current political and social nature of



America than he realized. (Incidentally, had former Vice-President Quayle made that remark, we would still be hearing about it from the news media.) The change in position of that "one" word causes a great deal of difference between what the phrase was intended to mean and what it stands for now.

Today a dangerous trend seems to have overtaken our country. Hyphens now appear before the word American: Afro-American, Hispanic-American, Indian-American, Irish-American, German-American, etc. Each serves to tear down the very thing that has made America the greatest and most powerful nation on the earth today: unity. The more we emphasize our differences and demand inclusion of these differences in our educational systems and institutions, the more we weaken the fabric of the nation. America is a beautiful tapestry woven from the strands of all our people. Its colors and designs are those of many nations, cultures, customs, traditions, dreams and hopes. The blood of Americans of all nationalities, sacrificed on battlefields around the world to preserve freedom, is the binding that holds the tapestry together. When our differences become so important that they interfere with our ability to see ourselves as Americans, the tapestry begins to fray and must inevitably unravel.

I am not attempting to denigrate cultural heritage and the individual's desire to identify with one's ancestry and traditions, but I feel such activities are best done at home. These longings for a sense of identity are individuals' desires and fall outside the realm of collective formal education. How would the cultural values of any one ethnic group help all students to become better bankers, engineers, chemists, lawyers, businessmen — or doctors? The expertise needed for any of these or a hundred more professions depends upon a body of knowledge independent of racial, religious, cultural or other differences.

There is no denying that bigotry exists and, in all probability, will continue to exist, in spite of anything humans can do. Laws have been passed, but have failed to change the human heart. More laws will probably be just as ineffective. Our Constitution says that all men are created equal, yet this statement was espoused by men who held slaves, as well as by those who did not. More than 200 years after the document was conceived and signed, Americans are struggling to realize that premise, and we must continue to work toward it.

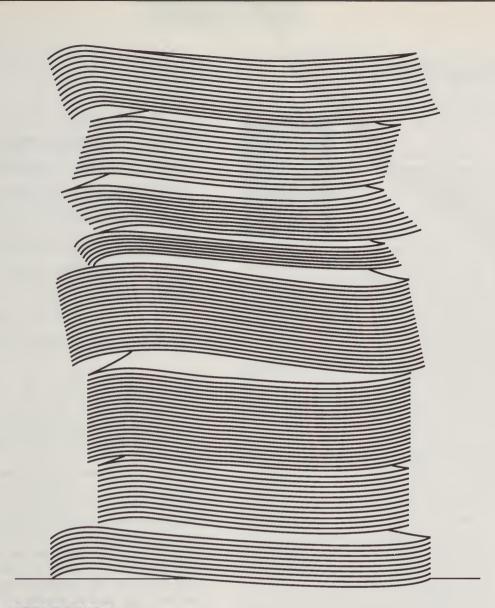
In much the same way, physicians are now struggling to survive in a changing world. Each specialty is like a little country trying to remain independent while an oppressor threatens to engulf them. Even the largest of these small countries is too weak to fight the giant by itself. But if the countries unite for the purpose of protecting themselves from the giant, they can prevail. Having defeated the bully together, the countries may discover there are other benefits to their partnership. And while each remains autonomous, all enjoy the security and efficiency their cooperative relationship affords them.

Differences have a tendency to divide, rather than unite, and each of us can either hinder or help the cause. Will our stubborn insistence upon emphasizing our differences ultimately lead us toward our goals as Americans and as physicians, or away from them? W.E.M.

Kansas Medicine to Become A Quarterly

At its September 1994 meeting, the KANSAS MEDICINE Editorial Board voted to change the frequency of publication from monthly to quarterly, commencing in 1995. The months of publication will be March, June, September and December. To fulfill contractual obligations, the journal is being published monthly for the balance of 1994.

The Kansas Medical Society will continue to produce an annual membership directory. This will be published independently, not as an issue of Kansas Medicine, and its month of publication will change from August to February beginning with the 1995 edition.



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Stewardship

s we watch the Washington scene, many of us are beginning to believe that the best thing that could happen there is . . . nothing. And we are hoping that the politicians just don't screw it up by trying to pass something in desperation. But



change is occurring, and it will continue.

Health care reform is about how health care institutions or systems are managed and governed. Our task is to create an organization that works, especially in a world where everything seems constantly up in the air. We know that fundamental change is required.

Changing an existing organization or creating a new one is not an easy task. The ideas of Peter Block in his book *Stewardship* (San Francisco: Berrett-Koehler, 1993) are illuminating. Some of Block's ideas will be quoted in this column, and

some paraphrased.

As defined by Block, "Stewardship is to hold something in trust for another. Historically, Stewardship was a means to protect a kingdom while those rightfully in charge were away, or, more often, to govern for the sake of an underaged king. The underaged king for us is the next generation. We choose service over self-interest most powerfully when we build the capacity of the next generation to govern themselves."

Block's stewardship is an umbrella idea which offers the means of achieving fundamental change in the way we govern our organizations. It focuses our attention on aspects of our health care system that have been difficult to change — power, pur-

pose and rewards.

Block writes that "there is a longing in each of us to invest in things that matter, and to have the organizations in which we work be successful. Our task is to assure that when we step aside, our job, or at least our organization, still exists for the next generation [see my comments on generativity in the May KANSAS MEDICINE]. No easy task in this environment."

Block goes on to say that his book "is about living out democratic values, using the work place as the focal point. One of its goals is to quicken our efforts to reform our organizations so that our democracy thrives, our spirit is answered, and our ability to serve customers [patients] in the

"There is a revolution in health care.... It is a revolution with immense implications — an unprecedented restructuring of the way American health care is financed and delivered."

Peter Block

broadest sense is guaranteed."

As described by Block, stewardship "is concerned with creating a way of governing ourselves that creates a strong sense of ownership and responsibility for outcomes [throughout] the organization."

And finally, stewardship "begins with the willingness to be accountable for some larger body than ourselves — an organization, a community. *Stewardship* springs from a set of beliefs about reforming organizations that affirms our choice of service over the pursuit of self-interest. When we choose service over self-interest, we say we are willing to be deeply accountable without [trying] to control the world around us. It requires a level of trust that we are not used to holding."

An Opportunity and a Challenge

An opportunity and a challenge are before us. Heartland Physicians Health Network (Heartland Health) is a new organization. It will be owned and operated by physicians and only physicians from throughout the state, like no other organization in the state. We physicians, each and every one of us, have the opportunity to participate in the stewardship of this organization.

It is an opportunity for each of us as owners and workers to be responsible for the outcomes of the organization. It is an opportunity for us to practice stewardship by being willing to be accountable for the well-being of a larger organization, by operating in service rather than in control of those around us. But it is also a challenge — a challenge at which many predict we [physi-

cians and organized medicine] will fail. It is a challenge for us as primary care and non-primary care specialists to work together, rather than at odds with one another. It is a challenge for us in communities large and small to work together as physicians in *Kansas*. And finally, it is a challenge for us in solo practice, in small groups, in large multi-specialty groups, and in hospital-based groups to look past our personal or group self-interests and consider that the service of the larger organization is more important.

Will we physicians in Kansas be willing to accept the opportunities and challenges of Heartland Health? I am betting that we will, and I will be investing my time and money in this unique, once-in-a-lifetime opportunity to be a steward of

a truly worthy organization.

Donald R Brade, DID

Bacterial Contamination of Kansas Drinking Water from Wells

Patients who seek medical care for persistent diarrhea, nausea or vomiting may be suffering the effects of bacteria in their drinking water. Further study of data gathered last summer on Kansas wells by KDHE shows that dug wells are more likely to harbor bacteria than drilled wells.

Few problems occur among wells that are properly cased, tightly sealed and constructed according to state standards. Other types of wells, including dug, buried slab and improperly cased drilled wells, "offer little protection from surface water or seepage through the well sides," according to Barry Brooks, KDHE flood response coordinator.

The effects of bacterial contamination are most damaging to children under six months of age, elderly persons and those with weakened immune systems.

KDHE urges Kansans with non-drilled private wells to consider the following options: Connect to a public water system, if possible; drill a new well following KDHE construction guidelines, including proper site selection, and with a reputable well contractor; install a disinfecting, filtration or treatment system; use water that has been boiled or disinfected, or that comes from a safe source, for drinking, dishwashing and brushing teeth.

DELEGATE'S REPORT

AMA-YPS Meeting

Dear Colleague:

I was privileged to represent you at the recent AMA-YPS meeting in Chicago. As usual, a number of important health issues were discussed, the most timely of which was health care reform and

its many facets.

I listened with particular interest as the Washington AMA staff discussed the inner workings of the legislative process as it relates to health care reform. It has become rather obvious that no consensus yet exists on how health care reform will proceed. This is still a very volatile issue and changes on a daily basis. Of course, it is of great importance to be involved in the process, and there may be a number of occasions when you will be asked to draft a short note or letter to your legislators on specific issues. I hope you will avail yourself of that opportunity and, in doing so, help to shape the outcome of health care reform.

Also recently introduced into Congress is the Patient Protection Act (HR4527), which will assist in revising some of the antitrust provisions that prevent us from collaborating on patient

care.

In May, at the KMS annual meeting, it was fairly obvious that there was a great need for interested young physicians to become active in the leadership structure of the KMS through representation at the annual meeting, as well as on KMS standing committees. If you have questions about how you might become more involved personally or have specific committees that you would be interested in serving on, I would certainly welcome your phone call (316-689-9111). As always, it is a privilege to have the opportunity to serve you.

Kevin Hoppock, M.D., Delegate

The Drug Enforcement Agency and DEA Form 104

WAYNE T. STRATTON, J.D.,* Topeka

ortunately, few physicians will be confronted by an agent from the DEA investigating violations of the Controlled Substances Act. Should this occur, a physician is quite vulnerable to suggestions that are not in his or her best interest. Frequently the



investigator will suggest that a physician sign the DEA's Form 104 for the "voluntary surrender of controlled substances."

The utilization of DEA Form 104 is used as a "favorable option" by investigators to permit the licensed health care provider to surrender voluntarily his or her controlled substance registration number. The form is fairly straightforward and indicates that the document is freely executed and that the registrant chooses to take the actions described. These fall into one of two categories. The first is: "In view of my alleged failure to comply with the federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part. . . . " The second is: "In view of my desire to terminate handling of controlled substances listed in Schedule" The form then goes on to indicate that the registrant voluntarily surrenders his or her Drug Enforcement Agency Certificate of Registration and further agrees that the DEA Form 104 shall be authority for the administrator of the Drug Enforcement Agency to terminate and revoke one's registration without an order to show cause, a hearing, or any other proceedings.

A voluntary surrender of one's controlled substance registration number does not preclude ad-

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

What should I do if the DEA calls?

ditional civil and criminal action if this insertion is made on the DEA form. Therefore, the voluntary surrender of the controlled substance registration number does not terminate the action that the federal government can take for the alleged short-comings for non-compliance with the Controlled Substance Act of 1970.

Astute practitioners will, on occasion, if they elect to surrender their controlled substances voluntarily, convince the appropriate investigator that the term "without an order to show cause" should be changed to reflect "with an order to show cause." Additionally, it is standard practice for the involved investigator to note in handwriting on DEA Form 104 that the registrant agrees that the DEA can take additional civil and criminal action against the registrant. This agreement for subsequent civil and criminal action affords the DEA, through the U.S. Attorney's office, the opportunity to recover civil judgments that may amount to thousands of dollars, based on utilization of Form 104 as an indication that the alleged violations did, in fact, occur.

While DEA Form 104 falls short of being a broad and all-encompassing confession, it is used to demonstrate a basis for the surrender of the controlled substances registration.

Any health care provider who is presented with a DEA Form 104 should carefully review the contents. The involved provider is entitled to know the basis of any "alleged failure to comply with federal requirements" in order to meet the requirement of the registrant's "view of my alleged failure" to comply with the federal requirements. Additionally, the health care provider should ensure that all additions or corrections to DEA Form 104 are initialed by both the health care provider and the involved investigator.

The DEA has historically entertained an option (Continued on page 214.)

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MEDICINA ET LEX

(Continued from page 212.)

to enter into a memorandum of understanding between the DEA and the registrant to restrict the privileges or address alleged non-compliance with federal requirements prior to the execution of DEA Form 104. Should any practitioner be presented with this form, it is important to research and determine the applicability of entering into a memorandum of understanding with the DEA short of execution of this form. Additionally, any statements or recitations provided by the involved investigator that would in some way affect the content of DEA Form 104 should be properly reflected on the form.

Negotiation with the DEA for resolution of allegations advanced against the health care provider are more fruitful prior to the execution of Form 104. The form should be executed cautiously, and it is recommended that health care providers first obtain appropriate counsel.



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The Elusive Paperless Medical Record

RONALD DAVIS, M.D., M.C.S.,* Wichita

hat is wrong with the medical profession? Why isn't there a paperless medical record? This rhetorical question was addressed by Clement McDonald, M.D., in a seminar in Wichita on July 22. Dr. McDonald is a recent past president of the American Medical Informatics Association, Chief of Medical Informatics for Regenstrief Institute for Health Care, and Chairman of the ANSI Medical Informatics Planning Panel. In the seminar, Dr. McDonald brought to life the amazing complexity of the medical record and its tenacious resistance to computerization — even beyond the most conservative predictions.

The medical record crosses person, place and time. Also, portions of it (the chief complaint) have highly variable data. Many health care workers are involved in providing care to each individual. Health care may be rendered in the hospital, office, laboratory or other location, and health care literally spans a lifetime. Could challenges to medical record computerization be made any greater? Probably not. Dr. McDonald discussed the numerous barriers facing medical informatics (medical information science). Drawing his audience's interest with an animated style and humorous anecdotes, he focused on the most prominent obstacle: connectivity.

Medical data are highly heterogeneous. Information is generated at many sources and by numerous individuals or automated processes. Data may be numeric or free text, and sources are usually in different "languages" or "dialects." The latter comprise the most pressing issue because the technology is readily available to solve it, and negotiating this barrier would advance the electronic medical record significantly.

One solution would be that customers require vendors to supply equipment that supports a standardized coding system for information interchange. This goal has not materialized as yet, but market forces will push in that direction. We need a common way of doing things. One currently popular standard is HL7 (Health Level 7); there are several others. Essentially all pharmacy records are computerized, and many are in national data banks using a standardized coding system.

Several driving forces in the marketplace that are advancing medical informatics are increased efficiency, lower administrative costs, better patient care, and the increased information demand on the medical record that cannot be satisfied by a paper-based system.

Dr. McDonald's presentation had a broad perspective and showed a strong command of the current issues. One issue of interest to this author is: How is medical informatics to be introduced into clinical practice? Two points are prominent. First, it is embedded in processes physicians use to provide care to patients. Second, it must be "user-friendly."

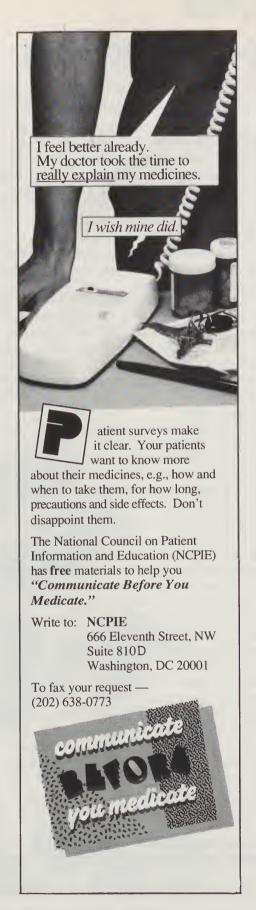
Some early trials of medical informatics were studied. Displayed on the computer screen as doctors entered orders were prices of diagnostic tests, a list of diagnostic tests done recently, and the probability that the test result will be abnormal. These three features were tested separately, and the range in savings for diagnostic testing was 10 to 15% for each one. These are significant savings. As medical informatics becomes more sophisticated, the potential for savings will increase.

Technology exists that can support many of the requirements of computerized medical records, and there are exciting new technologies that will change the way physicians do their work. In general, physicians like to "look things up" on a computer but do not like to enter data by keyboard. The pen-based system is attractive to many physicians as an easy way to enter data. As radio signal communication is perfected, clinical "rolling workstations" will be common features on the ward, and "notebooks" can be mobile mainframes. Voice recognition is slow and distracting during dictation, but this drawback will succumb to improved mathematical algorithms and faster computer processing. The first practical versions will be one-person, one-site applications; network capability will follow.

Implicit rules of medical informatics evolution make themselves evident. Information that is available is more valuable than information that

^{*}Address correspondence to Dr. Davis at 315 N. Hillside, Wichita, Kansas 67214.

The author expresses his appreciation to Dr. Clement Mc-Donald for his visit to Kansas to advance the understanding of medical informatics.



is not available. Data that are available as an aggregate in a "virtual record" (lab values from screening programs, the physician's office, the emergency room, and the hospital ward are displayed on one screen in chronological order) are more valuable than the same data separated by space, time or person. Data that are one minute old are more useful than data that are one hour old or one day old. Medical informatics increases the physician's diagnostic and therapeutic proficiency by improved data abstraction (putting unimportant details in the background while bringing the more important details to the foreground) of patient and disease process.

At the University of Kansas School of Medicine, medical informatics has a high profile. Garold Minns, M.D., Associate Dean of Academic Affairs at the Wichita branch, and David Voran, M.D., Department of Family Practice at the Kansas City campus, with other faculty and support staff, recognize the critical role of medical informatics. Current curriculum revision will strengthen the existing education and training resources for medical informatics.

The field is advancing rapidly, and the Kansas health care community continues to recognize the importance of this science to the outstanding quality health care we provide.

These Books Offer Insight into Health Care Reform Proposals

Patient Power: The Free-Enterprise Alternative to Clinton's Health Plan, by John C. Goodman and Gerald L. Musgrave (Washington, D.C.: Cato Institute, 1994), \$4.95 paperback.

If we as physicians wish to have some control over our destiny and in particular, direct access to our patients, this short, readable book will be extremely helpful — maybe even a godsend. Patient Power advances a viable free-market alternative to managed competition, capitation, gate-

keepers or single-payer systems.

The free-market alternative, "patient power," is based on two factors: empowering individual patients, and the strength of competitive markets. A key idea is the medical savings account (MSA), which is a tax-deferred account set up to pay for routine medical care and to allow for savings to pay for future medical expenses. Medical savings accounts allow employers, self-employed individuals and others to purchase a personal and portable high-deductible, low-cost health insurance policy and put the premium savings into an MSA to pay for routine medical care. The funds in the MSA would belong to the individual and, if not spent, would accumulate over time as savings to be used for future health care expenses or as an IRA.

Medical savings accounts thus put the patient back in charge of health care, making the individual a buyer as well as a user of care. The result is a reduction in health care costs, reduced administrative overhead, a strengthening of the patient-physician relationship, and greater access to care. Patients have direct access to their choice of treatment, and physicians are neither locked out, overwhelmed with the demand for perceived free care, nor forever locked in to the no-win aspects of

dealing with third-party payers.

Under current law, MSA balances that remain at the end of the year are taxable, but the enterprising private sector has already provided examples of implementation. For example, Forbes' health costs fell 17% in 1992 and 12% in 1993 after the company paid each employee \$2 for every \$1 of medical claims that they did not incur up to \$1,000. The United Mine Workers gave their employees a \$1,000 bonus at the beginning of the year to use for a deductible. They could keep whatever was not spent. Another possible solution is for employers to extend credit to employees who are especially disadvantaged, with the loans to be repaid from future MSA contributions. Finally, a health care debit card with a limit equal to the deductible and paid by the employer is feasible. The employer and employee could share the amount remaining on the card in any number of ways.

Many other aspects of the MSA concept are covered in the book, including answers to 20 often-asked questions. There is also an analysis of the failings of government-based health care systems in Western industrialized democracies. Tables and graphs throughout the book illustrate

key points.

The free-market alternative would not immediately solve all of America's health care problems. But it would empower individuals and create market institutions through which problems eventually would be solved by people pursuing their own self-interest. It would give individuals the incentive to solve problems that can never be solved through bureaucracies, regulations or the power of government. The implementation of the free-market alternative would constitute a national commitment to follow a path that is dis-

tinctly American in character — one that relies on individual choice and efficiency of free markets.

The Road to Serfdom: A Classic Warning Against the Dangers to Freedom Inherent in Social Planning, by Friedrich Hayek (Chicago: Univ. of Chicago Press, 1994), \$10.95 paper; \$24.95 cloth.

This book was originally published 50 years ago and has recently been reprinted. Its author was the winner of the Nobel Prize in economics in 1974. If you believe in the principles of individual freedom that made our country and American medicine great, you will enjoy reading *The Road to Serfdom*, as it exposes the fallacies of socialism and social planning.

With this book, you'll readily discover how to recognize the inevitable long-term outcomes of various economic proposals, such as mandates, government-controlled terms of reimbursement, specialty training slots, covered services, guidelines, etc. You'll acquire the moral high ground and the arguments every freedom-loving American would want to know by heart. Following are a few of the topics addressed in the book.

 Western civilization and its growth were the result of the respect, desirability and spontaneous forces of individuals to develop their

own individual gifts.

 Few people recognize that a state-controlled totalitarian society is not a reaction against well-meaning socialism, but a necessary outcome of it.

- In almost all known instances of social planning, the establishment of control over entry into different occupations or terms of reimbursement, or both, was among the first measures taken.
- Intolerance and brutal suppression of dissent, deception and spying, and a complete disregard for the life and happiness of individuals are essential and unavoidable features of state-controlled societies. Individuals living under the continuum of socialized planning are merely the means to serve the society's ends, rather than to serve their own needs for survival. In contrast, free countries are governed by the rule of law, which means the government is bound by rules fixed and announced beforehand, and as these rules safeguard equality before the law, this system is the legal embodiment of freedom.
- Hayek cites an observation made by de Tocqueville: "Democracy and socialism (Continued on page 219.)

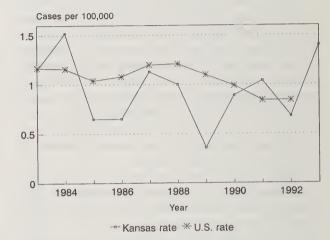
Meningococcal Disease in Kansas, 1990-1993

eningococcal meningitis is the second most common cause of bacterial meningitis in the United States, affecting an estimated 3,000 to 4,000 people each year. *Neisseria meningitidis* serogroups B and C are responsible for the majority of cases in the United States. Even after treatment with appropriate antimicrobial agents, 10% of those with meningococcal meningitis and 20% of those with meningococcemia die as a result of the illness.

Children between the ages of 6 to 12 months are at the greatest risk for developing meningo-coccal disease. After the age of five years, the risk of contracting the disease approaches that of adults. Individuals with terminal complement component deficiencies and those with anatomic or functional asplenia are also at increased risk. In addition, newly crowded living conditions such as barracks or institutions place individuals at increased risk.

The disease is transmitted through direct contact, including respiratory secretions of infected individuals. More than 25% of the population may be carriers without actually developing meningococcal disease.

From 1990 to 1993, 100 cases of meningococcal disease were reported in Kansas. As the figure indicates, in Kansas, the rate of meningococcal disease varied from year to year between 1983 and 1993, with no clear upward or downward trend. The instability of rates from year to year, compared to the U.S. rate, is most likely due to the small number of cases in Kansas. Forty-nine percent of all cases occurred in males. Children under the age of one year were disproportionately represented, comprising 14% of the cases while making up less than 2% of the Kansas population. The median age was 18 years, with a range from less than 1 to 86 years of age. The racial breakdown was 92% white and 7% black, which approximated the racial distribution in the Kansas population during this time period. Among the 47 cases with known outcomes, the fatality rate was



Meningococcal disease rate by year: Kansas and U.S., 1983-1993.

15% (21% for those with meningococcal meningitis and 11% for those with meningococcemia). Of the 31 isolates that were serogrouped, group B was the most common (65%), followed by group Y (23%), group C (10%), and group Z (3%).

The disease was fairly widely dispersed, with 30 counties reporting at least one case from 1990 to 1993. Sixty-six percent of all cases occurred from December through May. While no large outbreaks occurred during this four-year period, there were three small clusters of cases. Saline County experienced a cluster of 4 cases in a one-month period in 1990 and two cases within a week of each other in 1992. In Johnson County, two cases occurred within two weeks of each other in 1993. In all three clusters, information on serogroup was unavailable, so it was unclear if the cases were linked.

The meningococcal polysaccharide vaccine is effective against serogroups A, C, Y and W-135. However, for several reasons, routine vaccination of the general population is not recommended by the Advisory Committee on Immunization Practices. First, the risk of disease is low (1 case per 100,000 persons per year). Second, the vaccine does not protect against serogroup B, the most common cause of infection in this country. Third, the response to the vaccine is poor in infants, and this is the age group at greatest risk of

Reported by: L. Wilberschied, M.S., Epidemiology Section, Bureau of Disease Control, Kansas Department of Health and Environment.

contracting the disease. While vaccination is not recommended for the general public, it is recommended for individuals with terminal complement component deficiencies, those with anatomic or functional asplenia, and travelers to some African and Asian countries.

Upon the identification of a case of meningococcal disease, rifampin should be administered as a prophylaxis to three groups of exposed persons: household contacts of the patient; day-care center contacts, including children and employees; and anyone who came in direct contact with the patient's saliva, including sex partners and anyone who administered mouth-to-mouth resuscitation. As this is a notifiable disease, physicians diagnosing meningococcal infections are urged to report cases to their local health department within 24 hours of diagnosis. Laboratory personnel are encouraged to send isolates to the Kansas Health and Environment Laboratory for serogrouping. These measures will help to improve surveillance and control of meningococcal disease.

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BOOKS

(Continued from page 217.)

have nothing in common but one word: equality. But notice the difference: while democracy seeks equality in liberty, socialism seeks equality in restraint and servitude."

The Road to Serfdom provides us with the wisdom and vision to have a positive impact on our lives. It can serve as a frame of reference to evaluate the free marketplace alternative for health care reform, as concisely discussed in the abridged version of Patient Power. I think we must regain the convictions on which liberty is based and understand the sentiment expressed in Ben Franklin's statement that: "Those who would give up essential liberty to purchase a little temporary safety deserve neither liberty nor safety."

— Holly Fritch Kirby, M.D., Leawood

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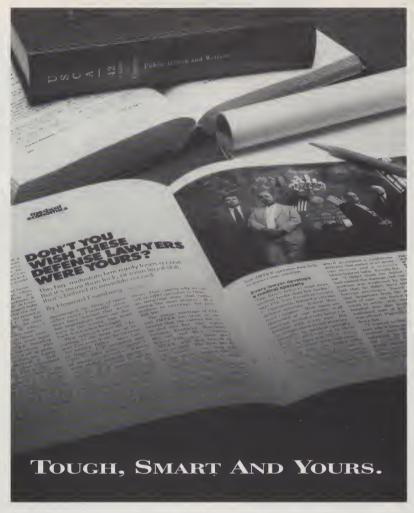
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Primary Care Approach to the Newly Diagnosed HIV-Positive Patient

BRUCE E. JOHNSON, M.D.,* Kansas City

he continuing spread of HIV infection makes it a condition with which virtually all primary care physicians will have contact. Recent statistics document over 180,000 cases of AIDS (case definition includes at least HIV-positivity and one opportunistic infection) reported to the CDC, with over 113,000 deaths. This is a 63% death rate. Even more telling is the estimate that there may be as many as 1.5 million HIV-positive persons who have not yet had a "defining" disease.

It is known that 50% of HIV-positive men progress to AIDS in seven years or less. Since the incubation period from infection to recognition is quite variable, a person may have as many as 10 years from infection to defining disease. Add to this the fact that the fastest-growing subgroup of persons with HIV is heterosexual women and the likelihood of any primary care physician having HIV-positive people in his or her practice is great indeed.

The focus of this paper is the primary care approach to these patients. Therapy of the myriad disease presentations in AIDS is covered in other sources. Rather, the emphasis here is on the continuing management, over as much as seven to 10 years, of the HIV-positive patient.

Testing

The request from a patient for HIV testing raises some concern, especially as to whether that patient in the past or present has engaged in a highrisk behavior. This includes the person using intravenous drugs and the person who, in the course of the sexual history, is determined to have multiple sexual partners — whether the patient is homo-, bi-, or heterosexual. Current disease patterns put the individual with multiple partners, whatever the sexual preference, at increased risk. Certain diseases, such as multiple vaginal infec-

tions in women, anal warts or condyloma in men, recurrent or resistant herpes simplex or zoster, undefined diarrhea, etc., ought to raise suspicion and possibly compel the physician to suggest HIV testing. Finally, certain jobs, including health care and emergency medical work, may expose people to HIV-positive patients.

Regardless of the reason for testing, all tests should be done confidentially and voluntarily, even to the point of having the patient sign a consent to be tested. All patients need counseling, even before the test is performed.

An appreciation of the sensitivity and specificity of the HIV tests is required. The typical initial test is the enzyme-linked immunoadsorbent assay (ELISA). This test has a sensitivity of >98% and a specificity of 99.8%. But in situations of low prevalence, the positive predictive value falls to 25% or less, meaning that three out of four "routine" tests that are reported as positive might be false positive. This is part of the reason why many authorities oppose universal testing.

To protect against false positives, many centers repeat ELISA tests twice before doing the Western blot, and may even send positive Western blot tests to another facility for additional confirmation. (A technique used by some centers delays all test reports, even negative ELISAs, over the time it takes for a positive result to be confirmed; this protects against the assumption of test results based on length of time to report.)

Occasionally the Western blot will report an "indeterminate" result. This occurs in the time between infection with HIV and antibody formation, as well as in persons with end-stage AIDS who cannot mount antibody, or in non-infected persons with cross-reacting antibody from another source. Potential cross-reacting antibody includes intercurrent viral infection, a recent immunization such as influenza shots, or undefined circumstances. It is possible that research techniques such as identification of viral antigen (p24), polymerase chain reaction (PCR) or viral culture will diminish false positives or intermedi-

^{*}Div. of General and Geriatric Medicine, KUMC-KC Address correspondence to the author at Dept. of Internal Medicine, Div. of General and Geriatric Medicine, KUMC-KC, 3901 Rainbow Boulevard, Kansas City, KS 66160-7376.

ate results. Until then, the person at low risk who returns with a positive ELISA and indeterminate Western blot needs counseling and support, and a repeat test in three to six months.

Education/Counseling

Anyone who recommends testing for HIV must be prepared to counsel all persons in risk assessment and risk reduction. The doctor must be able to support and counsel those suspected of false positives during the interval between testing. Finally, the doctor must be willing to counsel the HIV-positive persons in risk assessment and reduction, medical expectations, psychosocial concerns and issues related to insurance, employment and housing.

Risk assessment and reduction. Intravenous drug users (IVDUs) have a poorer prognosis with HIV disease than non-IVDUs. Referral to drug rehabilitation facilities is essential. Those who abuse other drugs, such as cocaine, marijuana or psychoactive agents may also have a poorer prognosis, though these data are less clear. Abusers of alcohol need rehabilitation as well. To counsel appropriately, the physician must first identify high-risk sexual behaviors. These include multiple partners, sex with a known HIV-positive partner, sex with an intravenous drug user and sex for money. Other practices such as oral-genital sex with a known HIV-positive partner and anal intercourse are possibly high-risk. The doctor should ascertain correct condom use and instruct the patient if needed.

Medical. A healthy lifestyle should be encouraged, including a balanced diet, appropriate rest, moderation in alcohol, cessation of smoking, and safe sex practices. The short- and long-term prognosis must be discussed; early infectious complications can often be successfully treated, while late disease is characterized by multiple uncomfortable infections, wasting and possibly dementia. These are brutal facts for any individual, but the doctor can leaven the discussion with hope regarding proper treatment of infections and future advances. The patient should be scheduled for regular medical care.

Contraceptive practices and desires for pregnancy should be openly discussed, keeping in mind the high probability (>30%) of transmission of HIV to a neonate. Other suggestions include counseling regarding "nutritional" or "herbal" treatments of little or no proven benefit, proper preparation of fresh vegetables and meats (to prevent bacteria-borne infections), proper handling

of cat litter and gardening soil to guard against *Toxoplasma* infection, discussion of certain concerns with travel (e.g., infections in foreign countries, coccidioides in the Southwestern United States, and histoplasma in the Midwest), and advice on the possible benefits of regular exercise.

Psychosocial. The doctor must be aware of, and counsel regarding, expected psychological reactions to the diagnosis. The patient can react in a number of ways, from denial to resignation, and these potential adjustment reactions may have profound effects on interpersonal relations. Anxiety commonly occurs early and can be effectively treated. Depression occurs at any time during the disease course. Suicide is more common among HIV-positive persons than among others of the same age and sex. Family members also need attention, as there may be a wide range of emotions involving the loss of a parent or partner.

Other issues. Once the diagnosis as HIV-positive is confirmed, patients frequently encounter discrimination involving insurance, employment and housing. In larger cities, advocacy groups represent a potential resource for addressing issues of discrimination; in more rural settings, social workers or even family members may be recruited.

Medical Evaluation

History. The medical history should include information specific to HIV disease. During its progression, HIV frequently has constitutional symptoms, including fever, sweats, loss of appetite/weight loss and fatigue. In the history, one searches for prior risky behavior, including illnesses such as sexually transmitted diseases (STDs) and hepatitis. The gynecologic history may reveal STDs as well as prior cervical conditions. One should determine previous contraceptive practices and advise on future needs.

Physical Examination

Weight should be obtained and recorded along with other routine vital signs, including temperature. The skin is closely examined for rashes, infections or lesions. Funduscopic exam of the eyes is done, keeping in mind the possibility of AIDS microangiopathy (which is not dissimilar to diabetic retinopathy) and cytomegalovirus (CMV) retinitis. Thrush occurs in the mouth, even in otherwise healthy-appearing persons. Lymphadenopathy is present in most HIV-positive persons, but usually nodes are small and soft. The discovery of larger nodes or "crops" of nodes bears

TABLE I OPPORTUNISTIC ORGANISMS

Parasites: Pneumocystis, toxoplasma, cryptosporidium, isospora, microspora

Bacteria: Mycobacterium tuberculosis, avian-intracellular, salmonella

Fungi: Candida, cryptococcus, histoplasma, coccidioides Viruses: Cytomegalovirus, herpes simplex, varicella-zoster

further investigation. Examination of the lungs, heart, abdomen, extremities and joints is routine. Special attention should be paid to the genitourinary systems: in males, for the presence of penile lesions and anal warts; in females, for vaginal discharge and lesions, and for cervical and other evidence of pelvic inflammatory disease.

Laboratory

On initial evaluation, the complete blood count with differential, blood chemistries (including liver enzymes), and a urinalysis is routine. A chest x-ray is often obtained as a baseline, though the cost effectiveness of this is unknown. Though not routine, physicians often obtain cultures for gonorrhea and chlamydia while doing a female pelvic exam.

Several serologies are useful in the HIV-positive patient. The VDRL test for syphilis is usually obtained. A PPD for mycobacterium is placed, with appropriate anergy tests (e.g., candida, mumps). Many authorities recommend calling the PPD positive with 5 mm induration in patients with HIV disease. Because of the lifestyle of many HIV-positive patients, hepatitis B serology should be checked; a similar argument might be made for hepatitis C serology. Many doctors screen for Toxoplasma IgG titers, as this information is useful later in the disease. (Most cases of CNS toxoplasmosis are reactivation of latent disease, not new disease. Baseline Toxoplasma titers are useful in planning secondary prophylaxis in this circumstance.)

It is very important to measure the CD4 count (or possibly the CD4%). Many therapeutic deci-

TABLE 2 DISEASE OCCURRENCE IN RELATION TO CD4 COUNTS

CD4 >200 and <500: Kaposi's sarcoma, thrush, oral hairy leukoplakia

CD4 <200: Pneumocystis, toxoplasma

CD4 <50: Avian-intracellular bacteria, cytomegalovirus, lymphoma

sions are made on the basis of this count. There can be wide swings in values in one individual during the course of the day and even between labs. When following the CD4 count, try to have blood drawn at the same time of day and the test run by the same lab.

There are some tests for which the usefulness is not known. The prognostic value of titers for cryptococcosis, as well as skin test results for coccidioides or histoplasma, is unclear. Similarly, low values have been noted in HIV-positive patients for vitamins B_{12} and B_6 , as well as for zinc and selenium. The significance of these low values remains unclear.

Surveillance

Regular visits to the doctor are part of continuity care for the HIV-positive patient. One must search for the diseases which are more likely to occur in these patients. Table 1 lists organisms that take advantage of T-cell defects. Knowledge of these organisms and their disease presentations helps during regular visits.

It can also be useful to have an idea of disease occurrence in approximation to CD4 counts (see Table 2). Watching for these conditions as the CD4 count falls allows for early intervention and/

or prophylaxis.

An important task during surveillance is provision for, and updates of, the HIV-positive patient's immunizations. All patients should receive both pneumococcal and *Haemophilus influenzae* type B (HIB) vaccines. Similarly, yearly influenza vaccine should be given since, while influenza itself is rarely life-threatening, the disease may be mistaken for the early signs of a more severe illness, resulting in unnecessary testing. Strong consideration should be given to hepatitis B vaccination (if not already exposed). This disease can be very severe in HIV-positive persons.

Some vaccines raise other issues. While immunity should remain from childhood, immunization against polio, diphtheria and tetanus pose little threat due to the use of killed vaccine. But there has been a scattering of reports of difficulties with live attenuated mumps, rubella and measles vaccines, and most authorities recommend against immunizing with live virus to an immunocompromised host.

Periodic Visits

The patient's regular visits to the physician may include the following.

Review of risk assessment. This ought to be done

at each visit, especially to prevent the occurrence of "slippage," whereby individuals stop their safer habits, re-exposing themselves or others to infections

Search for constitutional symptoms. Fever, sweats and weight loss are almost universal signs of advancing HIV disease and, if present, should prompt a more thorough search for opportunistic infections.

Examination. Special attention to the skin, mouth, nodes and the GU or pelvic exam; periodic assessment of the mental status.

Labs. Regular updating of the CBC, blood chemistries and, notably, the CD4 count.

Updates. Immunizations as appropriate; serologies as needed; contraception intentions are reviewed each visit.

The timing of periodic visits is at present unclear. Early in the course of HIV disease yearly visits are appropriate. For some conditions, such as aggressive cervical disease on Pap smear, visits as often as every six months are advocated. Measurement of CD4 counts are needed only yearly while they remain above 500; once the count falls below 500, more frequent measurement is done.

An important task for the primary care physician is the appropriate referral of patients to a specialist. Treatment of many complications of HIV disease is rapidly changing and highly specialized. A good relationship with knowledgeable specialists in several different fields assures HIV-positive patients of access to high-quality care in times of need. Listed below are a few circumstances in which recommendations are in flux or treatment highly specialized.

• Positive PPD test (at any stage of disease). Frequently this involves multi-drug regimens, especially for avian-intracellular or resistant mycobacterium tuberculosis (MTB).

• CD4 <500. Some consider this an appropriate level to begin prophylactic zidovudine (AZT) therapy.

• CD4 < 200. Consideration is given to begin prophylaxis against pneumocystis and possibly toxoplasma.

• CMV disease. This is a difficult disease to treat, and therapy is toxic. Ophthalmic disease is especially resistant.

• Specific diseases. For example, certain parasites and fungi cannot be cured so much as controlled. Malignancies such as Kaposi's sarcoma and lymphoma need specialized chemotherapy.

Working in concert with specialists allows continuity to remain with the primary care physician.

In fact, many specialty offices and clinics, while well-meaning, simply cannot provide the comprehensive care available through the primary care doctor.

Psychosocial Aspects

The HIV-positive patient faces a most uncertain future and is easily prone to psychological disorders. Anxiety and depression are common. Suicide is more likely than in non-HIV-positive individuals in similar age groups. The patient with AIDS is, unfortunately, quite likely to suffer mental status changes; mental status screening or even formal psychometric testing may be necessary. Specialized care can be provided through psychiatrists/psychologists, social workers, nurses or other providers.

Support groups provide an invaluable resource. Those groups that have chosen an advocacy role provide assistance with insurance, employment and housing problems. Other groups provide support for patients and, in some cases, for fami-

lies or other significant persons.

Doctors caring for HIV-positive patients should become aware of community resources or at least know who in the medical care setting can tap into these resources. Some communities have clearinghouse-type arrangements that direct the patient to government and private sources of assistance.

Any person with a chronic, ultimately terminal disease may search for a spiritual meaning to his/her illness. The person with HIV is no different. A sympathetic, permissive attitude is most helpful. Reminders that the lifestyle may have led to the disease are counterproductive.

Family members have heightened concerns regarding the loved one with HIV disease. Fear of contracting the disease is natural. It is important to offer reassurance, coupled with specific recommendations for prevention of transmission. Explanation of complications may relieve some anxieties. For single women with children, the future can appear very bleak. Social services should be contacted at a time when it appears assistance is needed for the eventual care of the children.

Finally, a frank discussion regarding advanced directives and hospice care should occur as debility advances. Such a decision is premature in the early stages of the disease but should be confronted as daily activities become overwhelming. Again, community services can be of enormous benefit in these circumstances.

The AIDS pandemic ensures that most primary

care physicians will find themselves caring for HIV-positive patients. Such care has been endorsed by medical organizations including the AMA, AAFP and ACP. It remains the responsibility of the individual physician to provide the same high-quality continuity care for these people as he or she does for all other patients.

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Cervical Spondylotic Myelopathy: A Cause of Gait Disturbance and Falls in the Elderly

DANIEL L. SWAGERTY JR., M.D.,* Kansas City

66-year-old man sought treatment for the chief complaint of difficulty walking. Over the previous six months, he had multiple incidents of tripping and falling, often while climbing stairs. He also reported urinary frequency, heaviness and paresthesias in his legs, aching in his shoulders and difficulty buttoning clothing. The only medication he took was ibuprofen, 400 mg three times per day, for osteoarthritis. Examination of his head and neck showed normal findings. There was no tenderness of the neck or shoulders. The neck flexed and extended to 60° and bent laterally to 30°. There was crepitus of the knees with normal range of motion. The musculoskeletal exam was otherwise unremarkable. Examinations of his mental status and cranial nerves were normal. Cerebellar examination was also normal. His gait was slow and slightly unsteady. Muscle tone was increased in the lower extremities with no fasciculations. Deep tendon reflexes were 3±4 throughout, except for the triceps reflexes, which were diminished. Vibratory sense and proprioception were diminished in the lower extremities. Extensor plantar responses were present. Prostate exam was unremarkable. Blood studies, including vitamin B₁₂ level, thyroid panel, and fasting glucose were all normal. MRI of the cervical spine revealed diffuse acquired spinal canal stenosis of the entire cervical spine, due to severe degenerative changes. There was more severe narrowing at the levels of the C5-C6 and C6-C7 interspaces. Mild compression was present at the sixth cervical segment. Severe degenerative changes were evident at all of the adjoining discs. Thee was no evidence of herniated nucleus pulposus.

Discussion

This patient has many of the classic signs and symptoms of cervical spondylotic myelopathy, the

myelopathy in the elderly. Cervical spondylosis is a general term for several related degenerative changes of the spine that can give rise to compression of the cervical cord and adjacent roots. It is a disease of primarily older patients and affects more men than women. The cervical spine undergoes a slow degenerative process that begins during the third decade of life in most people. The nucleus pulposus becomes progressively desiccated and fibrotic. In addition, the normal "ballbearing" movements of the vertebral bodies are diminished due to fibrosis of the facet joints and the progressive dehydration of the nucleus pulposus with aging. This process leads to narrowing of the intervertebral spaces and possible nucleus pulposus herniation. There is often a partial subluxation of vertebrae. The disorder produces fibrotic, stiff ligaments and body osteoporotic overgrowths that may produce recurrent trauma to the cord and nerve roots. The net effect is usually a narrowing of the spinal canal and possible compression of the spinal cord (myelopathy) by osteophytes and the ligamentation flava. Radiographic evidence of cervical spondylosis can be seen in more than 80% of individuals older than 55, but only a minority actually develop spondylotic myelopathy. The predisposing factors for cord compression are congenital narrowing of the cervical canal, trauma, larger size of osteophytes, and diseases such as ankylosing spondylosis and rheumatoid arthritis. The nonspecific gait changes (especially with more complex functions), clumsiness of the hands, sensory loss, and sphincteric disturbances found in this patient are the usual presenting complaints of cord compression. The process is seldom symmetrical. While neck pain can be a complaint, neck flexion and extension is limited and may produce pain that radiates into the extremities or down the back. Normal range of motion of the neck essentially excludes the diagnosis.

most frequent cause of gait disorder related to

The gait disturbance of cervical spondylotic myelopathy can also be more impaired than in this patient, often manifested as spastic and shuffl-

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ing. As occurred for this patient, the myelopathy often interferes with complex processes (e.g., climbing stairs) before it affects walking on a level surface. Physical examination usually reveals upper motor neuron findings (hyperreflexia and increased muscle tone) below the level of compression with or without sensory changes. Signs and symptoms of a radiculopathy may also be evident and are the result of compression on the posterior columns and nerve roots. The postural instability frequently present is likely the result of a combination of motor dysfunction and impaired proprioception. This was felt to be the case in this patient.

The differential diagnosis includes mass lesions involving the spinal cord, multiple sclerosis (and other forms of myelitis), amyotrophic lateral sclerosis, subacute combined degeneration and multiple cerebrovascular accidents. Normal findings on radiographs of the cervical spine would exclude spondylotic myelopathy. Osteophyte formation, intervertebral narrowing, subluxation, kyphosis and a reduced sagittal diameter of the spinal canal (less than 10 mm) are the usual radiographic findings in cervical myelopathy. The ubiquitous nature of degenerative changes seen on radiographs of the cervical spine in the elderly does challenge the physician to determine whether these changes are clinically significant. Advanced arthritic changes may be seen in asymptomatic persons. Metrizamide-enhanced computed tomograph (CT) scan, myelography or magnetic resonance imaging (MRI) of the spinal cord are generally more helpful in confirming the diagnosis and can precisely identify the level of compression. An MRI was done initially in this patient due to the convincing presentation for cervical compression in a late-middle-aged person. Plain films might have otherwise been the initial radiographic study in a younger patient or one with less specific signs and symptoms. The use of MRI, when available, has largely replaced CT scans and myelography in the diagnosis of cervical myopathy. The advantage of MRI is its ability to provide more precise anatomic detail. Additionally, somatosensory evoked potentials can be very helpful by demonstrating normal conduction in peripheral large sensory fibers and a delay in central conduction in the mid- or highcervical cord. Electromyography may also be useful in demonstrating radicular compression.

Treatment

Management of cervical myelopathy is difficult

because its clinical course can be quite variable, with many patients having an indolent, stable course, despite significant anatomic abnormalities. Conservative treatment includes the use of a soft cervical collar, physical therapy to preserve function in weakened, spastic arms and legs, and analgesics (typically non-narcotic, nonsteroidal anti-inflammatory drugs) for pain. Cervical collar use does have the disadvantage of preventing patients from seeing their feet and the immediate area around them. This could lead to more frequent falls, a fear of falling, and immobility. For these reasons, general discomfort, and cosmetic considerations, many patients may resist cervical collar use. Surgical intervention, usually cervical laminectomy, should be considered to prevent the progression of myelopathy, especially weakness and spasticity in the hands and lower extremities. One review of surgical outcomes showed that about 85% of patients may achieve satisfactory results. This patient was evaluated by a neurosurgeon one year ago, with the mutual decision in favor of conservative care in lieu of surgical decompression. He was referred to physical therapy for a cervical collar, exercise, and training in the use of a standard walker. The patient has shown good acceptance of these interventions and a marked improvement in his ability to ambulate without falls. A referral to occupational therapy provided training in the use of several dressing aids. This also resulted in an improvement in his independence. He continues to be followed closely for a change in his clinical status, but so far there has been no progression of neurologic symptoms.

Summary

Cervical spondylosis is a very common disorder in the elderly that leads to osteophyte formation and degenerative disc disease. Compression of the cervical cord and nerve roots can occur in a small number of patients, often dependent upon a congenitally narrow canal. Cord compression produces progressive spastic paraparesis, frequently asymmetric, and often accompanied by paresthesias and sensory loss in the feet and hands. The course is quite variable. Often, symptoms are mild and do not progress. Such cases are best treated conservatively with a cervical collar and physical therapy. Elderly patients often experience progression of symptoms and more serious neurologic impairment. Surgery should be recom-

(Continued on page 229.)

Immunization of Healthy Adults

MICHAEL LAWSON, M.D.,* Kansas City

ast year two cases of tetanus, one fatal, were reported to the Kansas Department of Health and Environment. In neither case had the patient received prior immunization with tetanus toxoid. The medical cost of treating these two cases approached \$300,000 — a sum sufficient to provide an estimated 90,000 doses of tetanus vaccine in a public health setting.¹

Tetanus/Diphtheria

Recently individuals greater than 20 years of age have accounted for 95% of reported cases of tetanus. Equally disturbing, a large proportion of adults lack protective levels of circulation antitoxin to diphtheria. The currently recommended vaccine for adults is a combined tetanus and diphtheria preparation (Td), which is nearly 100% effective in preventing tetanus and 85% effective against diphtheria. All persons 10 years or more from their primary series (3 injections) or last booster should receive a single dose of Td. Individuals with clean minor wounds who have received a primary series or booster in the last 10 years probably do not require an additional booster. However, a "dirty" wound and no known toxoid in the previous five years should prompt a booster vaccination. Those with an unknown or uncertain vaccination history should be considered to have no prior toxoid doses.

Measles

The incidence of measles has increased sharply, due to outbreaks among unvaccinated preschool children and previously vaccinated high school-and college-age students. Many had received their previous immunization with a killed virus preparation whose effects were not sustained. The current vaccine is an inactivated live virus and also includes the mumps and rubella viruses (MMR). Persons born before 1957 should receive two doses of the new MMR vaccine. Vaccination generally should be postponed in the presence of a

RECOMMENDED VACCINES & TOXOIDS FOR ADULTS, BY AGE GROUP

Vaccine/Toxoid	Age Group			
	18-24 yrs.	25-64 yrs.	≥65 yrs.	
Td*	х	Х	х	
Measles	X	x†		
Mumps	x	x†		
Rubella	X	x		
Influenza			x	
Pneumococcal polysaccharide			X	

^{*} Td = tetanus and diphtheria toxoids

Modified from ACIP. Update on adult immunizations: Recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR* 1991;40 (no. RR-12):56.

severe febrile illness. Minor illness such as mild upper-respiratory infections are not a contraindication to vaccination. The live vaccine should not be given to pregnant women or the severely immunocompromised.

Pneumonia

The current pneumococcus vaccine contains purified capsular material from the 23 types of S. pneumoniae responsible for 88% of bacteremic pneumonia. Most healthy adults mount a twofold rise in type-specific antibody two to three weeks after vaccination, which is maintained for probably five years. While efficacies have varied widely, the data do support vaccination in high-risk groups. These include healthy adults over age 65 and those with chronic illness (i.e., cardiovascular disease, pulmonary disease, diabetes, alcoholism or cirrhosis). Revaccination should be considered for those who received their first dose six or more years ago and are at a high risk of declining titers or developing a fatal infection (i.e., chronic renal failure, nephrotic syndrome, or asplenia). Routine revaccination of low-risk patients is not recommended.

Influenza

The influenza vaccine consists of a highly purified, inactivated non-infectious virus. Annual revacci-

[†] In those born after 1956

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nation is required, since titers from prior years decline rapidly and the wild virus antigenic determinants vary. Vaccination should begin in September, but may be given as late as March. Organized vaccination efforts should be targeted at certain high-risk patients:

• Those over than 64 years;

- Residents of nursing homes and other chronic-care facilities:
- Those with chronic cardiopulmonary disorders;
- Those with chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, or immunosuppression; and

• Health care providers.²

The most common side effect of vaccination is local soreness, although fever, malaise and myalgias occur rarely. Influenza vaccinations since 1976 have not been shown to cause the Guillain-Barre syndrome. The vaccine should not be given to those with a known hypersensitivity to eggs or any other vaccine component.

Vaccination of adults is an often-overlooked component of primary disease prevention which, in view of the high cost of disease treatment, is very cost-effective. The table provides a summary of the recommended vaccinations by age group.^{3,4}

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COUNCIL DISTRICT MEETINGS

District 9 Meeting. Tues., Nov. 15; Salina CC, 6:30 p.m.

District 11 Meeting. Tues., Dec. 13; Olive Tree Restaurant, 2949 N. Rock Rd., 6:00 p.m.

District 18 Meeting. Tues., Jan. 17, 1995;

Districts 2 & 3 Joint Meeting. Note change of date: Tues., Jan. 24 (time and location to be announced).

District 15 Meeting. Tues., Feb. 14, 1995; Dodge City CC, 6:30 p.m.

YOUR OLDER PATIENT

(Continued from page 227.)

mended to arrest progression of myelopathic symptoms in patients whose general condition is satisfactory. \

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CARDIOLOGY NOTES

(Continued from page 232.)

There is agreement that an enlarged apical impulse among patients examined in the left lateral decubitus position, or percussive dullness more than 10.5 cm from the mid-sternal line for supine examinations are sensitive indicators of left ventricular abnormality (about 95%) with modest specificity (probably 30% to 60% for percussive dullness).

Although a normal precordial examination may indicate a low likelihood of left ventricular abnormality, larger prospective studies are needed to define the usefulness of and indications for precordial palpation and percussion in clinical practice.

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Diagnosis and Non-Operative Treatment of Pseudoaneurysm Complicating Arterial Puncture

TOM LARSON, M.D.,* AND RICHARD A. AHLSTRAND, M.D.,* Wichita

An 85-year-old female sought treatment for a pulsatile mass in the right groin following percutaneous arterial puncture at this site for cardiac catheterization. The radiology department was asked to rule out pseudoaneurysm.

Imaging

Duplex and color Doppler sonography using a 5-megahertz linear transducer was performed in the region of the right groin. Imaging showed color flow emanating from the right common femoral artery into the pulsatile mass, which measured approximately 18 mm in maximal dimension (figure 1). Some turbulent flow was demonstrated within the mass by color Doppler, with the characteristic to-and-fro wave form in the pseudoaneurysm neck (figure 2). Direct and continuous compression of the neck with the sonographic transducer for approximately 45 minutes successfully occluded the neck, converting the pseudoaneurysm into a simple hematoma (figure 3). Continuous monitoring of the absence of flow in the neck of the aneurysm was performed for an additional 15 minutes. Sonographic evaluation was performed on two subsequent days following successful occlusion and revealed no evidence of color flow or Doppler signal within the former pseudoaneurysm.

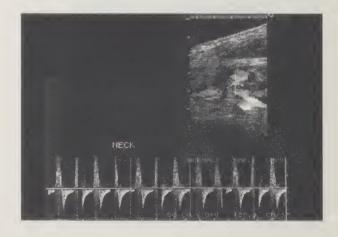
Discussion

A pseudoaneurysm has been defined in the literature as a contained extravasation of blood maintaining a patent vascular connection, or neck, with the injured parent vessel, usually arterial. As demonstrated in the pseudoaneurysm case described, sonographic evaluation of groin masses, especially following interventional vascular procedures such as arteriography, is a therapeutic, as well as diagnostic, technique. Other complications can be identified, including hematoma, arterial venous fistula, thrombosis, and vessel occlu-

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sion.¹ Sonographic evaluation presents the distinct advantages of non-invasive assessment of anatomic and hemodynamic information, and real-time evaluation of the therapeutic success of pseudoaneurysm compression.¹

Retrospective examination of approximately 57 groin sonograms performed from October 1992 to October 1993 revealed that five of 17 pseudoaneurysms identified were occluded successfully with direct compression by the ultrasound probe. Six sonographic occlusion attempts were



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unsuccessful and required surgical correction. Another 6 pseudoaneurysms were identified, but no attempt was made to occlude sonographically. In addition, 14 hematomas, one abscess and one large varicosity of the right saphenous vein were also identified.

A higher percentage of successful pseudoaneurysm occlusions have been performed since October 1993, evidence of additional experience with the technique, and a larger number of referrals have occurred as wider acceptance is gained of this non-invasive method.

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Is Precordial Percussion Worthwhile?

DONALD L. VINE, M.D., * Wichita

here is little disagreement that the demonstration of cardiac enlargement is clinically useful for documenting the presence and severity of heart disease. There are those, however, who believe the only useful plexor is an ultrasound transducer attached to an echocardiographic recorder, and that palpation is not worth the time required for its performance.

Physical vs. Echo

Eilen and colleagues¹ evaluated 41 men who had a good-quality, two-dimensional echocardiogram and a palpable apical impulse when studied in the left lateral decubitus position. Left ventricular volume was determined by echocardiography and left ventricular hypertrophy by electrocardiographic or echocardiographic criteria.

Only 20 patients (50%) had a palpable apical impulse when evaluated in the supine position. Of these, all with an increased left ventricular end diastolic volume had a palpable apical impulse that was 10 cm or further from the mid-sternal line (sensitivity = 100%), but eight of 12 with a normal-sized left ventricle also had an abnormal apical impulse (specificity = 33%).

When the diameter of the apical impulse with the patient rolled 45° into the left lateral decubitus position was 3 cm or greater, 17 or 19 patients with left ventricular abnormality had an apical impulse larger than 3 cm (sensitivity = 85%).

Twenty of 22 patients with no abnormality had an apical impulse less than 3 cm (specificity = 91%).

Physical vs. Chest X-ray

Heckerling² and associates evaluated 100 male and female patients without obstructive airway disease by performing light indirect precordial percussion in the supine patient. The distal interphalangeal joint of the left middle finger was percussed along each of the second through sixth intercostal spaces at 1 cm intervals until audible or palpable dullness was observed. Cardiomegaly was defined as a cardiothoracic ratio greater than 0.5 on chest x-ray.

The presence of dullness more than 10.5 cm from the mid-sternal line in any intercostal space (usually the fifth) had a sensitivity of 97% and a specificity of 61% for predicting cardiac enlargement. The presence of obesity increased the number of false-positive percussion results.

The apical impulse was palpable in only 40% of these patients, but if more than 10 cm from the mid-sternal line, the sensitivity was 92% and specificity was 88% for the presence or absence of cardiac enlargement by chest x-ray.

Physical vs. Tomography

Heckerling's group³ also compared percussion and palpation findings with left ventricular hypertrophy and/or enlargement as assessed by computed tomography in 103 male and female patients. Using percussion dullness of more than 10.5 cm from the mid-sternal line as evidence of left ventricular abnormality, the sensitivity of the percussive examination was 91% and the specificity was 30%.

The apical impulse was palpable in only 30% of patients examined in the supine and 53% in the left lateral decubitus position. The sensitivity and specificity of an apical impulse greater than 10 cm from the mid-sternal line during supine examination was 62% and 31% for increased left ventricular size and 100% and 42% for increased left ventricular mass. For apical impulse greater than 3 cm on left lateral decubitus examination, corresponding sensitivities and specificities were 100% and 40% for left ventricular enlargement and 100% and 35% for left ventricular hypertrophy.

Comments

The studies validating the accuracy of precordial examination are limited to a total of 156 men and 88 women with a variety of cardiovascular diseases. Only 28 patients^{2,3} were examined by two observers. Among these, diagnostic agreement beyond chance was modest (about 50% to 75%).

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ABOUT OUR LOGO

In January 1935, a new logo appeared on the cover of Kansas Medicine for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for Kansas Medicine by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

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Rural Health

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his month we feature the work of Eureka native Jim Brothers, a sculptor who is gaining attention for his realistic bronzes and monuments. Brothers has had experience as a cowboy, social worker, police officer, day laborer, auto mechanic and teacher, and he draws on those experiences for his work. Now residing on the northern fringe of Lawrence near the Kaw River, in a house filled with 19th-century family photos and memorabilia, Brothers describes himself as "the most non-politically correct artist in the country" and adds, "Kansas is the last stronghold of sanity. I want to document that while it is still alive." He and his works are achieving a national and international reputation for their representation of the Kansas of simple values, hard work and solid faith. It is said his art deeply touches the Kansas soul and shows viewers, often for the first time, that this state has a soul.

You might already be familiar with his work "The Vision," an eight-foot statue of a frontier boy awaiting the arrival of an unseen steamboat. It is the centerpiece for the River Market in Kansas City, Missouri. Brothers has sculpted a bust



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of Amelia Earhart for the Earhart Museum in Atchison and has just completed a full-length portrait of Mark Twain for the Twain museums in Hannibal, Missouri, and Hartford, Connecticut.

"The Healer, #2" (on the cover) and "The Healer, In the Storm" (below) depict a time when the practice of medicine was very different than it is today. The two bronzes show the dedicated doctor braving the Kansas elements to make a house call and then bringing to his patient care that was more art than science.

These works bring to mind the book *Horse* and Buggy Doctor, by Arthur E. Hertzler, M.D., founder of the Hertzler Clinic in Halstead and builder of the Halstead Hospital (see page 256). One more recent portrayer of a similar frontier physician was Kansas native Milburn Stone, the beloved Doc Adams of the "Gunsmoke" series, who remembered Dr. Hertzler and wrote the foreword to his book. While Stone denied modeling Doc Adams after Dr. Hertzler, he, like Jim Brothers, tried to portray medicine as it was practiced in that period.

Each of the bronzes is one of an edition of 30. Castings of both (26" and 24") will be on display through December 14 in the lobby of the KMS building in Topeka, with the work of some other Kansas artists. Stop in and look over the building as well as the artwork.

CME OPPORTUNITIES

Nat'l. Conf. on Community Devel. Dec. 8-10, 1994, Minneapolis, MN. Call Nat. Rural Health Assoc., 816-756-3140.

Cardiology for the Geriatric Patient. Dec. 10, 1994, St. Louis. Washington U. Med. Sch., 800-325-9862.

Clinical Innovations in OB/GYN Ultrasound. Jan. 20 & 21, 1995, San Antonio. Call Mtgs. & Mgmt. Techniques Plus, 516-561-4223.

Ambulatory Obstetrics and Gynecology. Feb. 5-7, 1995, Lake Tahoe. Call UC Davis Med. Ctr., 916-734-5390.

Healthcare Info. and Mgmt. Systems Soc. Conf. Feb. 12-16, 1995, San Antonio. Call 312-664-HIMS. (Fax: 800-469-5446.)

Nutrition for the Older Adult. March 23, 1995, KSU, Manhattan, Ks. Call Diane Sanders, Ks. Nutrition Council, 913-532-1670.

American Occupational Health Conference. April 28-May 5, 1995, Las Vegas, NV. Call 708-228-6850. (Note: This overlaps KMS Annual Meeting time.)

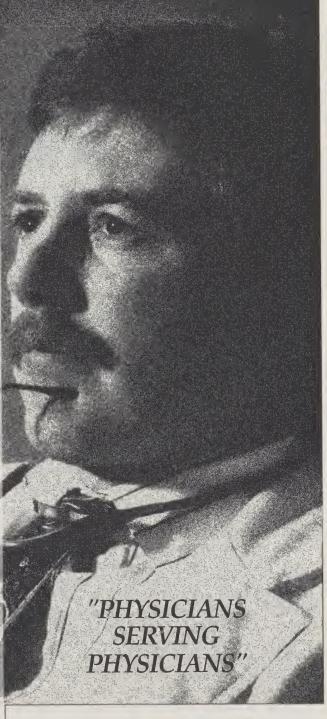
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Labeling for Physicians?

An article entitled "Is the Malpractice Data Bank Going Public?" in the September 26 issue of *Medical Economics* caught my eye. It recorded the attempts of important consumer groups and legislators to draft legislation that would



give everyone access to a doctor's history of malpractice payments and disciplinary actions. Thus far they have not been successful, but we all know that on Capitol Hill there's always another day

and another session of Congress.

The National Practitioner Data Bank (NPDB), a federal depository of reports on disciplinary actions against physicians and malpractice payments made on their behalf, was originally intended to be strictly confidential, available only to hospitals, HMOs, state licensing boards, professional societies and individual physicians who want to review their own records. August E. Miller, Jr., past president of the Idaho Academy of Family Physicians, held that idea. "Later," he states, "we learned that a couple of hundred thousand people would have access to it." But if Rep. Ron Wyden (D-Ore.) and Rep. Scott Klug (R-Wis.) have their way, everyone in America would be privy to the bank's data — and they have proposed legislation to that effect. Rep. Wyden is fond of saying that Americans can get more information about their breakfast cereal than they can about their physician. Their bill has been ignored in the frantic flurry of activity that surrounded the last days of health care reform (it was a part of the Senate's Mitchell bill), but while it is gone for this legislative session, the initiative is bound to reappear in some form in future sessions, and some feel it is an idea whose time is coming.

The Wyden-Klug bill, in addition to requiring the NPDB to publish a book with the "lowdown" on doctors twice a year and send it free of charge to public libraries nationwide, contains

other provisions:

• Give complete access to the data to PPOs, putting them on equal footing with HMOs, hospitals and other particular access to the data to PPOs,

pitals and other authorized agencies.

• Prevent individual physicians from hiding behind their group practice or hospital affiliation when involved in malpractice payments.

• Require federal and state hospitals and agen-

cies to report to the bank.

Require medical boards to report license denials.

• Require medical boards to query the bank when considering new or renewal applications.

• Define circumstances under which insurers could and could not make malpractice payments against the wishes of the involved physicians.

• Extend due process rights to physicians in

etworks

The bill has the backing of the powerful Association of Retarded Persons, the American Medical Peer Review Association (made up of state-based Medicare quality review organizations), a variety of consumer groups, and others. Physicians may applaud some of the bill's provisions, but while the bill does prevent publishing information on a doctor's malpractice experience until two malpractice payments have been made on his behalf, that's one strike fewer than the federal government's recent crime reform gives hardened criminals.

Arguments against this type of legislation have also been forthcoming. Chicago attorney Mark E. Rust, Chairman of the American Bar Association's Medicine and Law Committee, says, "The good that will come from public access to the data bank is marginal, but the problems will be substantial. What good has come from the hospital mortality data HCFA has released? They've been routinely misunderstood by the media, that's all. The same would happen with information from the data bank."

Taking the information out of context could be another potential hazard. Two suits against a midwestern family practitioner could be more significant (since the geographical area is less likely to bring suit and even less likely to sue a family physician) than two suits against an orthopedic surgeon from Florida who may have accumulated those suits while in his or her residency. I know of two instances where awards were made without any proven guilt by the physician. In one the judge overturned the jury's verdict of innocent. In the other, although the jury found no fault with the doctor's treatment or competence, it awarded \$250,000 because it felt the family "deserved something." Until recently the data bank relied heavily on the reporting entity's input, but earlier this year the bank began letting the physician file a brief statement in response to adverse state action or malpractice payment reports. However, the statement can be no more than 600 characters. That's not very long, but it's the same amount of space the reporting entity is allowed.

Many lawyers indicate that the mere existence of the present data bank has dampened physicians' enthusiasm for arbitration and out-of-court settlements. If the information is then made available to the public, physician resistance to settling would increase many-fold. With doctors resisting malpractice settlements and disciplinary actions by hospitals, the situation isn't likely to result in less costly health care.

Many feel that organized medicine's opposition to the proposal has been soft (some have said spineless). Yet it is hard to insist on the patient's right to choose his or her own physician and then oppose giving the patient information on which to make an intelligent choice.

Another tack is to suggest that the NPDB stop gathering information on payouts of less than \$30,000 (AMA) or of less than \$50,000 (Physician Insurers Association of America). The former would reduce malpractice reports to the NPDB

by 38%, the latter by 50%. Of course, these proposals are not agreeable to all parties.

"As medicine moves toward market competition, public reports on doctors may become inevitable," says Michael Pretzer, Washington Editor of *Medical Economics* and author of the story. "A clean data-bank record, along with advertising, could be the essential physician survival tools down the road. If that day arrives, Wyden's breakfast cereal comparison will be on target."

There are many more features to a satisfactory doctor-patient relationship than malpractice payments and state disciplinary actions. We have written about the need for mutual trust, a blending of personalities, confidence and other intangibles that elude the most exhaustive screening. This situation reminds me of the man who was looking for the perfect wife. He searched long and hard, but there was always something not quite right, not quite perfect with each of the prospects. Finally he found the woman of his dreams — the perfect woman — the one with whom he would gladly spend the rest of his life. Unfortunately, she was looking for the perfect man. The physician also has the right to choose whom he or she will serve! W.E.M.



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Health Care Reform: Dead in the Water, or Just Biding Its Time?

even though most observers of the congressional efforts toward health system reform had suspected it for some time, senate majority leader George Mitchell officially pronounced health care reform dead in the 103rd Congress.



Although there may be some "death spasms" in the waning days of the Congress, there seems little likelihood of any significant legislation passing because:

• Senate mainstreamers don't have the votes, and it is hard to see how they will pick them up.

• House single-payor advocates are flatly opposed to a scaled-down reform package.

• House moderates are skeptical, too. One was quoted as saying that incremental reform wasn't worth the likely price tag: big Medicare cuts.

• Health reform no longer seems to be a burning issue for the public — and it has become very confusing.

• Time has simply run out for the 103rd Congress.

Why Did National Health Reform Fail?

A postmortem suggests the following reasons for the demise of this year's effort at health care reform:

Complexity: The 1,300+ pages of the massive Clinton Health Security Act touched on every aspect of health care. The bill's size and scope of detail made it an easy target for charges of "bureaucracy run amok."

Delay: The bill's introduction was seven months late, postponed from May to November of 1993. That pushed the start of congressional consideration into an election year and gave opponents time to gear up.

Misjudgment: The administration badly miscalculated the willingness of insureds to risk changes to their own insurance for the altruistic goal of covering the uninsured.

Politics: By leaving Republicans out of the loop during the planning and drafting process, the administration virtually assured their non-cooperation.

Remembering "Catastrophic": Democrats and Republicans alike still bitterly remember the debate over the Medicare Catastrophic Coverage Act of 1987-88, when a tidal wave of angry senior citizens forced Congress to overturn the very legislation they were supposed to have wanted. Similarly, there was something to offend just about everyone in the Health Security Act — and a perception (whether or not accurate) that those members of the electorate most likely to benefit under the Health Security Act were those least likely to vote.

Another reason for the demise, in my opinion (and one the "pros" don't talk about) is the lack of significant involvement of physicians in the planning process. I submit that one of the fundamental errors of judgment made by the Clinton Administration was to essentially exclude physicians, and especially organized medicine, from that process — and in that way guarantee their lack of cooperation. This error underestimated the lobbying force of the American Medical Association through its member physicians and their patients.

So What Lies Ahead?

At this point nobody knows what the outcome will be. But the recent election results will have a major impact on any renewed effort to pass health care reform. Some guesses:

• Any health reform that succeeds in the 104th Congress is certain to be more incremental and bipartisan.

• Major Medicare and Medicaid spending cuts will certainly be on the agenda as Congress feels pressure to cut the deficit.

• Congress will be pressured to get out of the way and allow the 50 states to become the laboratories for health care reform experimentation, most likely via expedited Employee Retirement Income Security Act (ERISA) waivers to facilitate state efforts to pull ERISA employees into helping to pay for the cost of care; and via Medicaid waivers permitting greater state flexibility in designing health delivery systems.

What Does This Mean For Us?

The implication is, then, that the major efforts at health system reform will be focused at the state level. If that is the case, it gives us as individuals and groups of physicians, and as a statewide organization — the KMS — a window of opportunity. If we can sit at the table in a position of professional expertise, and as a single voice, we will have a significant impact on the shape and nature of the health care delivery system in our state. But in order to have that voice, we must first accomplish five goals:

• We must speak with a unified voice. It has been said too many times that we are our own worst enemy. We must resolve our differences between primary and non-primary care specialists, between urban and rural physicians, between

geographic sectors.

• We must find ways to turn economic competition to the overall benefit of the system rather than focusing on our individual or group selfinterests.

• We must show that we are truly working for the interests of our patients by, among other things, focusing on the quality of care we and our colleagues deliver, rather than simply voicing the mantra that we have the best system of health care in the world. It can always be improved!

• We must show that we can focus on cost as well as quality of care. Health care system reform will necessitate either significant increases in funding (raising taxes) or increased cost effective-

ness. The wise money is on the latter.

• We must show that we, as individual physicians and as a professional organization, are willing and able to assume responsibility for the system of health care in our state.

If we don't assume that responsibility, there are other groups and organizations eager to do so — and they would control both the system and us!

Donald R Brade, our

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The Health Care Stabilization Fund After Eighteen Years

WAYNE T. STRATTON, J.D.,* Topeka

n 1976, Kansas health care providers struggled with seemingly endless premium increases. A number of insurance companies were withdrawing from the market, or from Kansas. Frustrated physicians were closing their doors and leaving



the state. Because the situation posed a threat to the health of Kansans, the Legislature created the Health Care Stabilization Fund.

The fund provided a pool of money to satisfy claims in excess of basic limits, first set at \$100,000. The data which the fund has compiled furnish an interesting micro-study of the medical malpractice problem, and the following should interest Kansas physicians:

• Since the fund's inception, 3,326 cases have been filed, of which 401 remain active. The peak number of cases was in 1987, when 318 cases were filed. For the last four years, the number has stayed relatively constant at less than 250.

• Only 20% of the closed cases required a contribution from the fund. This means the case was either dismissed or resolved favorably to the defendant, or was settled for an amount within the basic limits. This threshold was raised to \$200,000 in 1984.

• A total of \$186 million has been paid in settlements and judgments in 576 cases. This averages \$322,674 for each case in which there has been an award.

• Approximately \$16 million in attorneys' fees, expert fees, court costs, reporters' fees and other expenses have been paid in the defense of cases.

This figure is lower than one might expect, since the underlying insurance carrier frequently remains responsible for the payment of such expenses.

• The balance of the fund is currently at \$185 million. For the first eight years of the fund's operation, it provided unlimited coverage for claims. This was reduced to \$3 million in 1984 and in 1989 to either \$800,000, \$300,000 or \$100,000, depending on the election of the health care provider.

• Because of the changes in the limits and the frequency of claims, the surcharge has varied from a high of 135% in 1990 to the current 70% (for \$800,000). It appears that it will stay in this area in the foreseeable future.

• While birth-related cases represent only 11% of the total number of cases filed, they account for 32% of the total payment from the fund.

• Hospitals and Medicare facilities traditionally account for approximately 10% of the payments and pay 17% of the surcharge. Physicians and surgeons account for 81% and pay 73% of total surcharge receipts.

Some conclusions can be drawn: a) The fund appears to be financially strong; and b) The combination of tort reform and limits on the fund's coverage have achieved a decline in the number of cases and limit on the fund's liability. Its exposure is now much more predictable.

Some prudent advice for the physician:

• Select the \$800,000 fund coverage unless your practice is risk-free. This provides a \$1 million coverage when combined with the underlying insurance coverage, which is not excessive in today's climate.

• If you retire or leave the state without having contributed to the fund for five years, purchase the additional tail coverage. Since insurance is written on a claims-made basis, you obviously have no coverage after termination of your commercial policy. The tail coverage will protect you in the event that a malpractice suit is filed when you are no longer covered by your primary insurance and do not qualify for fund protection.

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medicine, or the Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

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Jance Craia

he KMS Alliance has a long-standing tradition of supporting nursing education. The Memorial Loan Fund has been aiding in the education of nurses for about 50 years. The 1993 KMSA House of Delegates voted to change the fund from a loan to a scholarship and to open the scholarship to students in any allied health field, as well as nursing. Each scholarship award will be up to \$500 as monies are available. Successful applicants may receive one award per year and reapply annually.

Successful applicants must already have completed one year of their education and must demonstrate financial need, have a GPA of at least 3.0, and be Kansas residents. Additionally, each will submit a letter of application which includes the purpose for entering the field of study, career goals, motivating factors, why the person is deserving of the award and how the award will make a difference in the person's life. Two letters of recommendation from faculty or other profesA gift idea for the floor nurses instead of chocolates that need to be worked off....

sionals are required. The local KMS Alliance must recommend the student, and one KMSA member

must serve as sponsor.

The KMSA Scholarship Fund is supported by county alliances throughout the state. One concern in changing to a scholarship fund from the loan fund was how to maintain dollars for us to utilize. Traditionally, county alliances or members have donated money in honor or memory of members who have died. I urge you, the physicians of Kansas, to consider a donation to this fund in honor of the work of a special nurse or allied health team member. National Nurse's Day is May 6. On that occasion, a donation could serve as a thank-you to your hardworking staff. As a Christmas gift idea for the floor nurses with whom you work, your dollars would go to future nurses instead of to a box of chocolates that need to be worked off.

As 1994-95 Memorial Scholarship Fund Chairman, I am available to answer questions or to work with you in making your unique contributions count in a special way. Please feel free to contact me at 757 Anthony, Clay Center, 67432; 913-632-3548.

Thank you in advance — once again — for your generous donations and support.

Terrie Browning

VOX DOX

(Continued from page 243.)

family seeks. The modest improvements in memory and language reported in the minority of patients are unlikely to have an impact on the quality of life for this individual. The equation balancing risks and benefits will need to be examined in every patient and an individual assessment made regarding tacrine. We do not agree with Dr. Solomon that every patient should undergo such a trial.

> Stephanie Studenski, M.D., M.P.H. Director, Center on Aging Univ. of Kansas Medical Center Kansas City, Kansas

VOX DOX

Dementia and the Quality of Life

To the Editor:

I appreciate your July article "Geriatric Ethics: Dementia and the Quality of Life," which raises important issues that are not easily resolved. However, I must take exception to your discussion of tacrine, the only FDA-approved treatment for Alzheimer's disease. . . .

As the director of a dementia center, I have seen first-hand how families wrestle with the difficult questions as to what is best for the patient with Alzheimer's disease. There are no easy answers, and no answer is right for every patient. However, it is crucial that every family have the right to make informed choices. It is incumbent, therefore, on every physician to fully inform families of their options. One such option is tacrine, which you have misrepresented in your article.

First, we would like to address statements made, and not made, about the safety and efficacy of tacrine (Cognex). A study published in the April 6 issue of *JAMA* reported the results of the longest and largest study to date of any Alzheimer's treatment. The study found that at the highest tacrine doses of 160 mg/day, 40% of patients improved and a significant number stayed the same during the course of the 30-week trial. This is particularly important, as Alzheimer's is a progressively dementing disease.

In regards to your statements about liver toxicity and gastrointestinal side effects, the tacrine clinical trials have all demonstrated that the liver enzyme elevations are time-related, with the majority of elevations occurring in the first 12 weeks. None of the patients who experienced elevations in liver enzymes experienced permanent liver damage. The most common side effect — nausea, not elevated liver enzymes — is controlled readily by over-the-counter medications or a brief reduction in the daily dose. These results, which you failed to report, establish that tacrine does not cause "harm" to the patient, as stated in the article.

Even still, side effects do not mean that the patient absolutely cannot tolerate the drug. In the studies, patients with elevations in liver enzymes were allowed to try the drug a second time after their levels had returned to normal. Of those patients who tried the drug a second time, a full

88% were able to tolerate the drug again, many at even higher doses than before.

While your article dismisses the benefit of tacrine, any improvement is more than most families and physicians can expect. The efficacy of tacrine is most clearly evaluated by the family, not the physician. The loved ones of Alzheimer's patients will maintain that any drug that would allow a patient to "hold his own" would be of significant benefit.

As a result of your statements regarding tacrine, I am concerned that your readers may now believe that tacrine is not well tolerated. Given that this new study affirms that the majority of patients will tolerate and benefit from Cognex, clinicians need you to provide them with this information so that they may assist their patients and caregivers in making informed, educated decisions.

Paul R. Solomon, Ph.D.

Professor of Psychology &

Chair of Neuroscience Program

Williams College, Williamstown, Mass.

Response:

Dr. Solomon's letter forcefully makes the case for a pharmacotherapy trial with tacrine in patients with dementia secondary to Alzheimer's disease. He also argues that the potential medical complication should not dissuade physicians from such a trial. While we agree that the medical complications, with careful monitoring, have proven to be benign, a variety of significant issues arise which makes use of tacrine an ethical judgment. While many medications provide symptomatic relief rather than addressing the underlying disease process, their usage requires careful calculation of risks versus benefits.

The study in which Dr. Solomon participated showed a benefit for tacrine only when patients who had dropped because of inability to tolerate the highest dose were excluded. Of particular concern to the case discussed are the cholinomimetic side effects of tacrine, which include atrial arrhythmias, nausea and vomiting. At present, this patient despite diabetes, hypertension and cardiac disease was comfortable with only occasional episodes of agitation. Our experience has been to see an occasional increase in agitation with tacrine rather than the improvement the (Continued on page 242.)

MEDICINE AND COMPUTERS

The Medical Information Superhighway

G. ROBERT HAYDEN* AND RONALD DAVIS, M.D., M.C.S.,† Wichita

With all the rhetoric regarding the "information superhighway," we would like to take time out to evaluate what we think it means today and how it can be used. For many years, hospitals have been discussing the automation of the hospital medical record. Finally, with today's technology, there is real movement and opportunity in accomplishing that task. However, the majority of information regarding a patient's medical history is located at the office of the primary care physician, not at the hospital.

For patients who have required hospitalization, mountains of information exist — most of which is buried in the inner workings of the hospital and not easily retrieved. The information that was automated during the hospital stay may have been purged from the computer system and is therefore unavailable for retrieval. In addition, many services are being provided by organizations outside the hospital which, though part of the hospital enterprise, have yet another method of storage and retrieval.

Another problem we face in the area of automation is developing a common patient identifier. Each of the areas serving the patient more than likely has a unique method of patient identification.

What is automated, and how can it be accessed? Data captured at the hospital such as patient demographics, insurance coverage, family history, clinical results, emergency notification, etc., is available and being used by physicians and their office staff through networks sponsored by the hospital. However, this is normally one-way communication. Although valuable, it does not allow the physician to communicate back to the hospital. Such a system cannot continue to be the only method used to communicate with health care providers. If information systems are to assist in

supporting patient care, we must develop systems that provide two-way communication.

To accomplish the objective of an information superhighway for health care, there must be multiple lanes traveling in several directions, hospital to physician, physician to hospital, physician to physician, etc. This means that not only must the hospital provide information to the health care provider, it must be able and willing to accept information directly from the health care provider such as allowing pre-admissions to occur from the office, scheduling hospital enterprise-based services, and arranging appointments, something like the way travel agents schedule airline reservations. Physician orders would be another method of utilizing information systems by providing two-way communications.

There are many opportunities to share information, but before we are able to implement them we must address the politics, security, training and support issues. Although politics should be the easiest to address, this may turn out to be one of the most difficult issues. In today's environment, we continue to think: "what's in it for me?" "if we do this it will make my job more difficult," "I can't trust the information they give me," "we've never done that before", etc. Until we come to grips with the idea that we are not going to do it the way we have in the past, we are not going to overcome the fear of letting go of the controls.

A wave of concern will move through the issue of security, resulting in this area being less sensitive and therefore less of a problem than it is today. The long-term benefit to the patient, as well as controlling the cost of moving information through the network with proper controls, will address security issues. Training and supporting health care providers and their staffs in the use of these systems is a long-term investment that needs to be made. The question is, by whom? Also, if these systems are not easy to use, the acceptance level could be very low.

Today's technology allows us to interact with

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computers in a friendly environment. We have products which provide point-and-click selection through the use of icons. It is relatively easy to move data through a communication network, computer to computer or computer to user, through local and regional communication lines, at a relatively low cost. Most computer software products are designed to take full advantage of today's hardware and software capabilities. The challenge will be to protect the financial investment everyone has made in today's technology without discarding it when new features and functions are developed and made available.

Ease of use is the key. Many will agree that only instant response time is fast enough when it comes to dealing with the busy schedule in a physician's office. However, we must be realistic and recognize that instant response cannot be achieved in all situations. Therefore, we must develop and install systems which support physicians and their staffs to the point that they are willing to invest time in data input because the rewards will outweigh the effort.

Another area receiving much attention is the so-called community health information network (CHIN). The objective of a CHIN is to provide a repository of health care information accumulated from many sources: hospitals, clinics, physician offices, insurance companies, etc. The purpose would be to move and share information through the network to maximize the use of information now being collected from today's decentralized operations. This should provide a convenient method to retrieve information from another facility.

In summary, mountains of information are available at hospitals, with little now being done to make it easily accessible to the health care provider. What must happen is to expand the information network base to include the primary care physician's information, thus improving the process of delivering patient care. Once true automation is achieved and a network is in place to move the data, information systems will be in a position to assist in reducing the cost of health care and improving quality.



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Geriatrics Journal Club

DONALD L. COURTNEY, M.D.,* Kansas City

his is the first in a series of geriatric journal clubs. In this and future journal clubs, I will try to summarize what I consider to be important new work with immediate clinical relevance. My goal is to find useful information that most readers are not likely to find on their own. I intend to emphasize papers from the geriatrics journals and the European literature. I hope you find these reviews useful. Please feel free to contact me with any comments.

Effects of antipsychotic withdrawal in elderly nursing home residents. Thapa PB, et al. *J Am Geriatr Soc* 1994;42:280-86.

This paper, by Wayne Ray's pharmacoepidemiology group at Vanderbilt, is a nice prospective study of the effects of withdrawing antipsychotic drugs in 12 community nursing homes. After an educational program designed to reduce antipsychotic use, 271 patients were evaluated at baseline and monitored for six months. Sixty-four patients (24%) had their antipsychotic medications discontinued; the remaining 207 patients continued their use of antipsychotics. Nursing staff in the homes evaluated the patients for behavior problems. A study rater, blinded to whether the patient was still receiving antipsychotics, also evaluated patients for behavior problems and psychiatric symptoms. The investigators also tested one-third of the patients, using the following standard assessments: Activities of Daily Living (ADL), Mini-Mental Status (MMSE), Geriatric Depression Scale (GDS) and Abnormal Involuntary Movements Scale (AIMS).

Results

Patients whose antipsychotic medications were withdrawn had no increase in behavior problems reported by their nursing staff. Overall, there were improvements in the patients' psychiatric symptoms (significant improvements were found in the overall score, the withdrawn depression subset, and the disorientation subset). There were no significant differences between groups on the ADL, MMSE, GDS or AIMS batteries.

Comments

This is yet another study indicating that educational programs in nursing homes can effectively reduce the use of antipsychotic medications. Unlike Jerry Avorn's randomized trial in the *NEJM* (1992;327:168-73), this study did not randomize patients to antipsychotic withdrawal. In the *NEJM* study, while there was a net improvement in patients, several patients had an increase in depressive symptoms when their antipsychotics were withdrawn. That patients did not worsen in the study by Thapa suggests that *educated* practitioners can appropriately select patients for medication reduction and have better results than with a random medication withdrawal program.

How to Change Your Practice

Educate the staff in your nursing homes about managing behavior problems without antipsychotics. Recommendations used in this study "included (1) evaluation for reversible somatic or psychosocial causes, (2) non-pharmacologic techniques for prevention and management, (3) use of low-dose antipsychotics for poorly controlled serious problems, and (4) a gradual withdrawal program for antipsychotic users designed either to discontinue the drug or to reduce the dose to the minimum level providing adequate symptom control."

Look at your patients on antipsychotics carefully. In those patients who do not have a clear psychiatric diagnosis, particularly if they seem withdrawn and depressed, try to reduce and stop the antipsychotic medications. Although the OBRA '87 guidelines had us attempting to reduce antipsychotic usage in all patients, realistically about 25% of patients in community nursing homes can have their antipsychotics stopped without adverse effects, and with expected im-

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provement in depressive symptoms in several.

Some excellent review articles on common problems in the nursing home have been published recently in *Annals of Internal Medicine*. The first in the series, "Physician Evaluation and Management of Nursing Home Residents," appeared in the April 1, 1994 issue (Ouslander JG, Osterweil D; 1994;121:584-92).



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Occupational Injuries: The Need for Preventive Strategies

J. MARK MELHORN, M.D.,* Wichita

By the year 2000, the government predicts that 50% of the American work force will have occupational injuries annually. In 1992, cumulative trauma disorders affect more than 5 million American workers. As the numbers and costs continue to rise, the recognition and control of occupational injuries have become a major concern of employees, employers, medicine and the federal government. Recent studies have identified multiple human risk factors that include age, sex, genetic makeup, the workplace, non-work environment, and linked factors. Assessing individual risk factors provides the best opportunity for prevention, which is based on reduction of individual risk. The individual monitoring program is the most promising tool for identifying risk levels. Studies of benefit-to-cost analysis for prevention programs demonstrate significant savings for the employer.

History

Occupational diseases affect 15 to 20% of all Americans, and cumulative trauma disorders (CTDs) account for 56% of all occupational injuries. CTDs are the result of multiple human factors. In 1986, the National Institute for Occupational Safety and Health (NIOSH) proposed a national strategy for the prevention of work-related diseases and injuries. NIOSH, without any specific guidelines or methods for testing, stated, "When job demands . . . repeatedly exceed the biomechanical capacity of the worker, the activities become trauma-inducing. Hence, traumatogens are workplace sources of biomechanical

strain that contribute to the onset of injuries affecting the musculoskeletal system."

The World Health Organization definition of work-relatedness includes "the work environment and the performance of work" as one of a number of factors that contribute significantly to the causation of CTDs.² In 1989, the Occupational Safety and Health Administration (OSHA) began a campaign to change the exponentially increased rate of CTDs. OSHA is quoted as claiming that more than 5 million workers, some 4% of the American work force, suffer "motion injuries" (CTDs) annually, with predictions that the figure will reach 50% by the year 2000."³

Industry has recognized CTDs as its greatest risk to productivity and profitability. Because of the alarming increase, every industry has concerns about CTDs. State and federal organizations have focused on how to cut costs; industry has focused on established health programs; medicine has focused on education and health guides; and OSHA has focused on mandatory reporting of the workplace. The problem with the NIOSH and OSHA approach is that they mandate goals, not solutions. Prevention has been discussed, but the lack of effective tools for evaluation of the individual has delayed modifications to try to change CTD trends.

Although the workplace may appear the same in ergonomic studies dealing with the environment or demographic information related to the worker, the workplace is uniquely experienced by the individual. Specific corrective direction by OSHA was not provided because medical and epidemiological studies on carpal tunnel syndrome (CTS) were demonstrating inconsistencies with the original hypothesis that CTS was due to the workplace.⁴⁻²⁵ This lack of direction left every company, small or large, on its own to develop a system to comply with the new rules. For industry to make changes, it will require tools for evaluating the individual's response to the workplace.

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The author wishes to thank Peggy Gardner, Ph.D., St. Francis Regional Medical Center, for her review of this article; and The Hand Center, P.A., for funding.

Awareness of the multiple human factors only complicates the effort to establish guides for the dose relationships or tolerance level for each individual. The difficulty for individual companies is only compounded by the multiple human factors. ^{6-9,11-13,26-42} In general, these factors relate to age, gender, genetic makeup, the workplace, nonwork environment, and linked factors. ⁴ Since workplace is a contributing part of the risk level, many ergonomic studies have been established to evaluate work activities and work environment. ^{5-25,43,44}

Kansas History

The Kansas Department of Human Resources (KDHR) reported 35,507 upper-extremity injury claims filed between July 1, 1992 and June 30, 1993. After removing the non-classifiable or unknown group, this number represents 43.3% of all accidents. During the same time 6,573 cases were litigated at a cost of \$180,057,672, and 598 cases were settled at a cost of \$4,409,817.45 The following yearly reports demonstrate the increase: 1988 — 69,933 upper-extremity injuries were reported, representing 28.0% of all injuries reported; 1989 - 72,674, 29.0%; 1990 - 81,501, 29.5%; 1991 — 87,867, 30.5%; and 1992 — 89,794, 34.0%.46-50 A review of the workers compensation insurance experience in cost of direct premiums written for 1989 \$264,102,264; in 1990, \$291,803,714; in 1991, \$342,803,582; and figures for 1992 were not available.46

To improve the quality of life for the person with CTD, the state established a rehabilitation program to try to retrain the individual who was unable to return to the same work with the same employer; different work/same employer; modified work/same employer; or modified work/different employer. KDHR's Division of Rehabilitation recorded 1,398 medical management closures in 1992, compared to 1,301 the previous year. Additional review showed a 15% decrease in the number of successful medical management return-to-work closures. Vocational rehabilitation closures reflected that only 283 of 1,711 (16.5%) had a "successful return to work." 46

Although these programs have helped some individuals with CTDs, the majority of individuals remain unemployable. Doing modified work or transitional regular work during the medical treatment phase, and early return to the work environment soon after surgery, allows the individual to maintain functional capacity. This is im-

portant if the individual is to maintain employability, and this is the reason why OSHA has mandated that employers must maintain lists of alternated and light-work jobs.³⁰

The difficulty with this mandate is that not every employer's facility or available jobs will allow for the provision of light or modified work during the medical management period. Again, prevention would seem to be the best option for industry to change the present CTD trends.

Prevention Options

Prevention requires not only an understanding of the human factors, but tools to measure the effects of the workplace on the individual's risk factors. The human factors outlined below include age, gender, genetic make-up, the workplace, non-work environment and linked factors.

Age: Although nothing can be done to stop an individual's aging process, good health concepts, eating correctly, exercising, and regular medical checkups can improve the individual's general health and decrease age-related risk levels. Health programs established by some companies have been effective in reducing CTD rates. However, for the effects to remain, the individual must be encouraged to continue these health programs on a lifetime basis.

Gender: Females have a slightly higher risk level, according to epidemiologic studies. Risk level reduction suggestions have included education, training, and modification of tools and of the workplace for a smaller body frame.

Genetic makeup: Today we have a better understanding of the workplace and of the limits on the human body, but the dose relationships or tolerance thresholds for an individual remain variable. The difficulty in evaluating the dose relationships or tolerance level originates from the awareness that each individual brings a unique genetic makeup and a unique set of risk factors to the workplace. Development of tools to measure the individual's risk level is required for workplace modification.

The workplace: The debate should not be concerned with whether ergonomic stresses in the workplace are good or bad, but with how much stress can be safely tolerated by a worker. Although the workplace may appear the same by ergonomic studies dealing with the environment or demographic studies dealing with groups of people, the workplace is uniquely experienced by the individual. Ergonomic studies are able to establish general ergonomic job guides. For exam-

ple, a virtually impossible task would be to establish precisely what number of wrist and hand movements, deviations of the wrist from straight alignment or use of a force grasp should not be exceeded in a given time.

Additionally, even an ergonomically sound job may be associated with occupational illnesses when temporary changes in the workplace occur. Examples of these changes might include working overtime, working with tools that are not properly maintained, or changes in the quality or temperature of the product the worker is handling. Therefore, ergonomic exposure may vary considerably from day to day. It is these day-to-day modifications that limit the usefulness of the ergonomic tool for evaluation of individuals and their risk levels. 9,12-14,18-20,30,41,51-53

Non-work environment: Certain hobbies and leisure activities have been demonstrated to increase an individual's risk levels, while others may decrease those levels. Education combined with modification of the non-work environment can lead to changes in overall risk levels.

Linked factors: Despite continued efforts to find the causes and identify the risks for CTDs, the very nature of multiple individual factors and workplace variation defies simple resolution. Clearly, a tool that can identify the individual at increased risk is needed.

Tools Available

Industry is directed by OSHA guidelines and the Americans with Disabilities Act (ADA) to establish occupational programs that include prevention, identification of risk, education, monitoring, medical management, and modification of the workplace. ^{1-2,13,54} Several different types of tools available are discussed below. Data tracking is the simplest tool. This frequently can identify an area of concern but offers little in the way of modification of risk factors. ^{42,52,55-56} Published guides and government guides are a by-product of the datatracking concept. Risk factors are identified, suggested limits are set and the data are tracked again.

Often, with the multiple variables involved in the study, a specific conclusion is difficult to obtain from the repeated data. 16,19,57 Ergonomic studies have become very sophisticated in establishing risk factors. Once a risk factor is identified, it is further refined. Specific changes are suggested based on the data, and the ergonomic study is repeated for verification of improvement. Results have been mixed. Some studies demonstrate im-

provement, others show no relationship between the workplace and CTDs, and others are inconclusive because the workplace has changed during the study.^{20,23,58-62}

The limitation of the ergonomic tool is its inability to measure the individual's reaction to the workplace.⁴ Medical investigations are usually based on either retrospective or prospective studies. Most of these are outcome-oriented, the goal being to evaluate the treatment option. Little direct evaluation of the interactions of workplace and treatment process is available.

While these studies are helpful for treatment options, they offer little in the way of identifying risk factors or means of prevention. 17,63-71 Equipment-based testing requires the use of an instrument to measure the sensory, motor or nerve function of the upper extremity. Most have been compared to the nerve conduction study that is considered to be the standard for comparison, but lack the specificity and sensitivity of this test. Unfortunately, many false negatives occur with equipment-based testing, limiting its usefulness as a screening tool. 15,72-84 Monitoring programs have combined data-tracking with ergonomic studies using the medical model and supporting equipment-based testing. 10,30,83,85-87 Monitoring programs consider the individuals who make up the base of the work pyramid and are, therefore, less affected by the changing work environment. This direct assessment of the risk level for the individual, not the assessment of the non-human workplace, will have the greatest effect on changing CTD trends.4

Application of the Tools

National objectives for the year 2000 include the provision that 75% of workplaces with 50 or more employees will offer health promotion activities for their employees.88 The National Survey of Worksite Health Promotion indicated that 66% of all work sites with more than 50 employees sponsor some type of health promotion activity. Two-thirds of all Fortune 500 companies offer some form of health promotion. Health promotion has become part of the workplace. 89-92 For the most part, this growth has been driven by economic considerations and a handful of studies which, despite their prominence, vary in sophistication and rigor and are not without valid criticism. With ongoing skepticism expressed by benefits managers about the use of health promotions to manage health care costs, a continuing need exists to demonstrate the economic impact of work-site health promotion efforts. 92-96

The Travelers Insurance Company established the "Taking Care Program" to address health concerns. Program costs for personnel, capital expenses, material and rent were determined and compared with program benefits (discounted to account for increasing pension liability for heath care costs' savings, increased productivity, decreased absenteeism, decreased life insurance claims, and program-generated income). Several additional medical management variables were changed, and the program lacked a specific tool for analysis of the risk levels for individuals. After adjusting future monies to net present value, a benefit-to-cost ratio of 3.4 was estimated for the program. Despite the limitations of the study design, the conclusion was that this program of health promotion generates a positive return on investment 63

Conclusions

Because CTDs are the majority of occupational injuries, industry has a responsibility both to improve the workplace and decrease the risk level for individuals. Because each individual brings a unique set of human factors to the workplace, each workplace poses a unique risk exposure for the individual. It is the combination of these two variable forces that establishes the individual's risk levels. Individual risk levels are the best predictor for CTDs, and the preferred treatment is the prevention and reduction of risk levels. Monitoring programs offer the best identification and measurement of risk levels. Since prevention can offer lower costs and improved quality of life, it is imperative that employees, employers, insurance carriers, and the medical profession establish prevention programs that focus on the individual.

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Healthy Kansans 2000 Health Objectives

STEPHEN P. PICKARD, M.D., * Topeka

n 1991, the United States Public Health Service published revised national health objectives for this decade entitled Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Concurrent with the development and revision of national health objectives came an understanding that progress in improving the health of the U.S. population is not simply a matter of national health policy. Most of the means for changing the health of the nation are vested, either additionally or solely, in states and communities. In addition to influencing local policy, state and community health agencies and health providers are responsible for disease surveillance, clinical and preventive services delivery, health education, community-based health intervention, and environmental exposure control (e.g., water purification, waste disposal, land use).

Working with the national model, 42 states, including Kansas, have defined or are defining state-specific health objectives. The purpose of the Healthy Kansans 2000 (HK2000) initiative

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is 1) to identify statewide health priorities; 2) to define the impact upon Kansas of each priority health problem (e.g., baseline incidence rate); 3) to set realistic goals for reducing the health impact of each problem; 4) to identify data needed to monitor progress made toward achieving these goals; and 5) to develop recommendations for achieving these goals.

While overlap between Kansas objectives and national objectives is intended, Kansas objectives have been narrowed to those health issues perceived to be most important to Kansas. National estimates of disease impact are replaced with state estimates. For many of these issues, the disease impact observed in Kansas appears to be substantially different from that observed for the nation as a whole. Measures of disease impact must frequently be identified from data sources unique to Kansas, since many of the data sources used to monitor national objectives, e.g., National Health Interview Survey (NHIS), do not contain state-specific data.

The HK2000 Steering Committee, which is composed of a diverse group of persons selected from business, non-profit organizations, hospitals, academia, and state and local government,

OBJECTIVES FOR TOBACCO FOR THE YEAR 2000

Indicator	U.S. Rate	Kansas Rate	KS Year 2000 Objective
All Cancer	133/100,000/yr*	124/100,000/yr◆	120/100,000/yr
Lung Cancer	38.8/100,000/yr#	36.9/100,000/yr	34/100,000/yr
Smoking in Last Month: Grade 12	37%*	34%*	17%
Grade 9-12	28%*	30%	15%
Smoking, Adults Age 18+	26%*	21%*	15%
Smokeless Tobacco Use: Grade 12	11.9%*	9.9%*	4%
Grade 6-12	5.3%*	5.4%	2%
Smokeless Tobacco Use, Men, Age 18+	4.2%°	9%°	4%
People Who Work in Smoke-free Worksites [§] Children Exposed to Tobacco Smoke at Home	59.7%	70%°	75%
(ages ≤6 years)	39%▼	NA	20%

 ^{▼ 1986} Data
 # 1989 Data
 * 1991 Data
 * 1992-93 Data

 * 1987 Data
 * 1990 Data
 * 1992 Data

^{*} Usage within last 30 days, males only.

[§] Worked in smoke-free workplace or workplace allowing smoking only in designated areas.

designated seven broad health issues and four disease risk factors as high priority in Kansas. The health issues selected were: 1) alcohol and drug abuse; 2) cancer; 3) heart disease; 4) HIV infection and other sexually transmitted diseases; 5) infectious diseases and immunizations; 6) injuries and violence; and 7) maternal and infant health (including teen pregnancy). The priority risk factors selected were 1) inadequate access to preventive care; 2) tobacco; 3) poor nutrition; and 4) physical inactivity. These issues were selected as "high priority" based on their health impact in terms of morbidity, mortality, economic cost and preventability, and on their perceived importance in the minds of Kansans (assessed by a statewide health opinions survey).

The work of defining objectives and establishing baseline rates is nearing completion for some of these health issues and risk factors. As an example, the table presents health objectives for tobacco which were selected for monitoring, and compares the estimated state and national rates for these objectives.

The HK2000 initiative identifies sources of preventable premature death and disability for certain priority health issues in Kansas. The HK2000 objectives provide points of reference from which to measure our progress toward improving the health of Kansans.

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NEWS FROM KDHE

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world and is becoming even more widespread. Mefloquine is currently the drug of choice for most chloroquine-resistant areas. Travelers can also reduce their risk of exposure by using a mosquito repellent containing DEET and bed netting sprayed with an insecticide, and by remaining indoors between dusk and dawn.

Primaguine can be used to reduce the risk of relapse in individuals exposed to P. vivax or P. ovale malaria for an extended period of time, such as missionaries and Peace Corps Volunteers. It is administered after the traveler has left a malariaendemic area, usually during the last two weeks of prophylaxis. It is not recommended as a substitute for prophylaxis prior to and during travel, nor is it recommended for short-term travelers unless disease occurs. Up-to-date information on malaria prophylaxis and related topics can be obtained from the CDC publication Health Information for International Travel 1994, or by calling the CDC Health Information for International Travelers Hotline at 404-332-4559. Health Information for International Travel 1994 can be ordered by calling 202-783-3238 (stock no. 017-023-00194-9).

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CARDIOLOGY NOTES

(Continued from page 260.)

convince that the procedure is unnecessary and suggests the contrary — that some patients who need right heart catheterization are not receiving it.

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Malaria in Kansas, 1988-1993

hile malaria is considered to be primarily a disease of tropical areas, it is still a concern in the U.S., mainly because of foreign travel. Malaria is caused by one of four species of *Plasmodium: P. falciparum*, *P. vivax*, *P. ovale* and *P. malariae*, with *P. falciparum* and *P. vivax* being the most commonly reported in the U.S. The disease is usually acquired through the bite of a female *Anopheles* mosquito.

From 1988 to 1993, 32 cases of malaria were reported in Kansas. As shown in Figure 1, the rate of malaria reported in Kansas has been consistently lower than the U.S. rate. However, the trend over time roughly parallels that of the U.S. Seventy-five percent of infected Kansans were males. The median age of patients was 32 years, with a range from 3 to 68 years. Sixty-seven percent of the patients were white, 22% were Asian, 4% were black and 7% were unspecified. Seventyeight percent of reported cases occurred among U.S. nationals; 63% were civilians and 15% were military personnel. The remaining 22% of cases occurred in non-U.S. citizens. Of the 26 individuals with known laboratory results, 54% were infected with P. vivax, 35% with P. falciparum, 4% with P. ovale and 8% with two species (P. vivax plus P. malariae and P. vivax plus P. ovale). None of the cases was fatal.

Of the 30 cases submitted with information on recent travel, all reported visits to areas in which malaria was endemic. Figure 2 displays the cases by continent of reported travel. Of the 26 patients for whom information on prophylaxis was available, 27% were U.S. nationals who took no prophylactic drugs. Forty-six percent were U.S. citizens who took an inappropriate drug for prophylaxis, based on 1994 Centers for Disease Control and Prevention (CDC) guidelines. In most instances, these patients took chloroquine in countries with chloroquine-resistant malaria. Four percent reported not completing the prescribed prophylaxis regime. Only one (4%) U.S. citizen reported completing an appropriate prophylaxis regime. Nineteen percent of the patients were foreign nationals who would not be ex-

Reported by: L. Wilberschied, M.S., Epidemiology Section, Bureau of Disease Control, Kansas Department of Health and Environment.

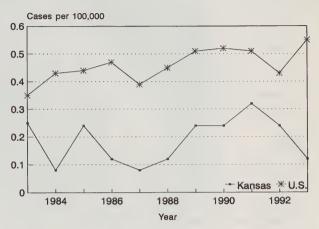


Figure 1. Malaria rate by year in Kansas and U.S., 1983-1993.

pected to have been taking life-long prophylaxis. It is important to note that among the 21 U.S. nationals with known prophylaxis status, malaria might have been prevented in 95% with the use of appropriate prophylaxis.

Physicians are urged to stress the importance of proper immunizations and prophylaxes for their patients prior to international travel. However, while a variety of prophylactic drugs are available for malaria, caution must be used in determining which is appropriate. Chloroquine-resistant *P. falciparum* has been documented in most of the

(Continued on page 254.)

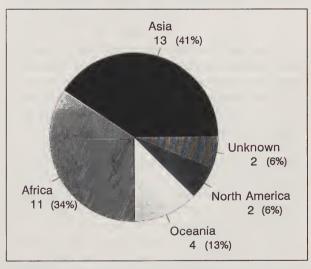


Figure 2. Malaria cases by continent of travel: Kansas, 1988-1993.

Diphtheria

Beginning with this issue of KANSAS MEDICINE, we will publish excerpts from The Horse and Buggy Doctor. It is the feeling of the Editorial Board that Dr. Hertzler's observations, anecdotes and wisdom transcend his time and have value for each of us in the medical field today.

Medicine in the frontier period was strong on art and short on science, pretty much the opposite of what we have now, but we still can learn from it. Many of today's problems were problems then, and the will to improve the practice of medicine was strong. We are the beneficiaries of that will and determination, and we should work as hard and as long to pass on a better brand of medicine to those who follow in our footsteps. We hope you will enjoy these notes from the past.

rotect us, o God, from diphtheria!" These ringing words uttered by my father at morning prayers were my first introduction to the tragedy of diseases. The atmosphere in our home that morning was tense. Father and mother ate no breakfast, and we children, not knowing why, left the large platter of fried mush, which usually quickly disappeared, practically untouched. Soon father left home dressed in his Sunday clothes. Mother, pale and silent, continued to walk the floor, wringing her hands and going to the window now and then to look down the road. I followed and looked up and down the road too, but saw nothing. Some hours later a long line of teams came slowly down that road. Driving the lead team, a strange one, was my father, and beside him sat a man I did not know. In the bed of the farm wagon were three oblong boxes. Following were spring wagons, farm wagons, and a large number of men on horseback. Questions directed to my mother brought no answer. Father returned home after a few hours and cryptically announced as he came in the door: "Five more." Mother sank into a chair and covered her face with her apron.

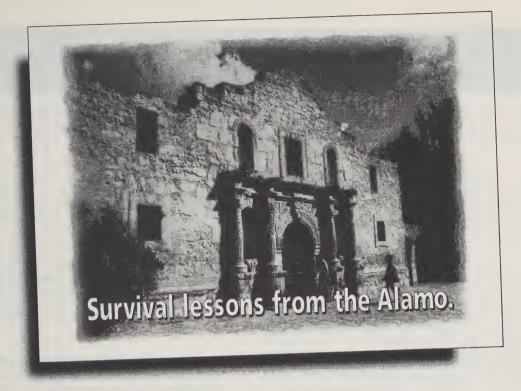
As the days wore on I learned that the wagon had borne the coffins containing the bodies of three of my playmates. Five more followed in quick succession. Eight of the nine children in that one family died of diphtheria in ten days. There remained only a baby of nine months. The mother took to carrying this child constantly even when she did the farm housework. Clutched to her mother's breast, this child seemed inordinately wide-eyed as though affected by the silent grief which surrounded her. I used to steal away without knowing why and visit this home. . . .

In order to appreciate the distance medical science has traveled, let us picture the course of a typical case of diphtheria fifty years ago. The child is dumpy, listless, and feverish. It may or may not complain of sore throat, for diphtheria is much less likely than tonsillitis to produce local symptoms. The membrane more or less covers the tonsils and the adjacent regions of the pharynx, even to the nose. The pulse rate becomes rapid, even running and thready until it is uncountable. In some cases the membrane extends to the nose; one detects this extension by the appearance of obstructed nasal breathing. These cases die of toxemia, the effect of the poison produced by the bacteria. This caused the death of approximately a fourth of the patients about the sixth day. Sometimes the patient seemed better and the parents became hopeful. The doctor, noting the obstructed nasal breathing, knew those hopes were unfounded. Shall he tell the parents now that the child was doomed or shall he wait a few days, letting them hope until the blow falls?

More dramatic still were those cases in which the disease began in the larvnx or extended to it from above. The membrane gradually clogs the lumen of the windpipe. The child, fevered and delirious, becomes bluer and bluer as the windpipe fills up. He is too busy breathing to cry. The appearance of the deeply blue face is made more terrible by the bulging, unseeing eyes. The head and shoulders pull back, the hands twitch. Then the entire body relaxes and the face becomes livid. The child is dead. I sat through such a terrible

night once, inactive — just once. . . .

Wailing about diphtheria for centuries got us nowhere. Robert Koch began to grow bacteria on his wife's kitchen stove. The end was diphtheria antitoxin, and diphtheria has been practically wiped off the face of the earth. Perhaps that was the answer to centuries of prayer. My father, a very devout man, believed a striving to the limit in a worthy cause constituted the most eloquent form of prayer. Perhaps like measures will cure our social ills, but it is going to be necessary to look at cold facts.



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Is "Routine" Right Heart Catheterization OK?

DONALD L. VINE, M.D., * Wichita

hird-party payors sometimes express concern that patients undergoing appropriate left heart catheterization also have right heart catheterization without separate indications.

This arises, in part, because institutional use of right heart catheterization demonstrates a bimodal distribution — some hospitals' cardiologists perform right heart catheterization on almost all patients undergoing left heart studies, while cardiologists at other institutions perform right heart catheterization on comparatively few patients.

The literature describing the findings and value of right heart catheterization performed routinely during left heart catheterization is limited. Findings from four such studies are summarized in the table.

Shanes and associates report observations from 219 patients without clinical evidence of abnormal right-sided pressures. In spite of finding abnormalities of the pulmonary artery (PAP) or pulmonary wedge (PCW) pressures in about 25% of these patients, they claimed the additional information did not change management.

In contrast, Barron and colleagues² reported abnormal right atrial pressure (RAP) in about 20% and elevated PAP or PCW pressure in 5% of a much larger cohort of 2,178 patients without specific indication for right heart catheterization beyond that for the left heart procedure. They found the frequency of right-sided pressure abnormalities to increase with the severity of angina and concluded that right heart catheterization provided clinically important information.

Hill's study³ is the smallest, but also the only prospective study of the group. After each of 200 patients undergoing right heart catheterization that the cardiology staff felt to be clinically unnecessary, the catheterizing cardiologist rendered an unblinded opinion about the usefulness of the

Study Patients RAP **PAP PWP** Usefui 1. Shanes 1987 219 NA 27% 23% No 2. Barron 1988 2,178 18% 5% 5% Yes 3. Hill 1990 200 11% 26% 20% No 4. Kogan 1990 2,582 NA 46% NA Yes **Totals** 27% 5.179

Abbreviations: RA = right atriai, PA = pulmonary artery, PW = pulmonary wedge, P = pressure

additional information. In spite of finding at least one right-sided hemodynamic abnormality in 35% of patients, the information was said to alter management in only 1% of patients.

Finally, in response to the previous studies, Kogan and associates⁴ simply reviewed the findings of 2,512 patients who underwent right heart catheterization at their institution. Pulmonary hypertension was detected in 46% of these patients. The severity of the right-sided hemodynamic abnormalities could be correlated with surgical mortality. The authors point to the inability of noninvasive clinical findings to predict right-sided hemodynamics and stress the value of "routine" right heart catheterization.

Comments

The available information is not definitive but supports the position that right heart catheterization is an appropriate component of the invasive evaluation of any patient suspected of having heart disease.

The conclusion of the authors of the two largest reviews is that the information is useful. The arguments by the authors of the smaller studies that they didn't use right-sided hemodynamic information, even to guide diuretic therapy, stretches my belief. The argument that they could predict the appropriate management from the history, physical, chest x-ray and left-sided anatomy alone is not convincing in light of the frequency of unanticipated right-sided abnormalities.

For many cardiologists, right heart catheterization is simply part of the invasive evaluation, much as lateral films are a "routine" component of the chest x-ray. Available information does not (Continued on page 254.)

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New technology makes voice test results more consistent.

Gary Y. Shaw, M.D., Jeff Searl, M.A., CCC-SLP, and Larry A. Hoover, M.D.

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In January 1935, a new logo appeared on the cover of Kansas Medicine for the first time. This device represents two stethoscopes: the original monaural type as used by Läennec, and the modern binaural variety. The logo was designed expressly for Kansas Medicine by renowned graphic designer Bradbury Thompson, a native of Topeka and friend of two former editors of the journal, Dr. W.M. Mills and Dr. Lucien Pyle. As another former editor, Dr. Orville R. Clark, wrote in January 1955, the logo "has become as much a part of the journal as any of the features on the inside and is something which is ours alone."

his month's cover illustration comes to us through the generosity of Marjorie Trayer of Cottonwood Falls. Mrs. Trayer describes herself as an amateur photographer, but her work is anything but amateurish. In addition to taking photographs, Mrs. Trayer is the bookkeeper for the Trayer Oil Company and a paraprofessional at the Cottonwood Falls Grade School. She sent us her photo at the suggestion of Dr. Herman "Buzz" Solomon.

The photo, entitled "Winter Sunset in Kansas," was taken following an ice storm in Chautauqua County near Moline. It was a champion at the Chase County Fair. The subject reminded us of one we saw along Highway 54 between Wichita and Pratt while traveling to an Eagle Court of Honor for a friend's grandson. The north side of the highway looked very much like the cover picture, but the trees, fences, barbed wire and grass on the south side were completely devoid of ice. The ice-covered side was an inspiring vision of the beauty and variety of nature. About ten miles from Pratt, the scene changed abruptly, as though someone had cut the ice storm off with a knife. There was no transitional zone between the icy wonderland and the usual drab colors of winter. This startling contrast made what we had seen all the more spectacular, and we felt privileged to have seen it.

We hope this sparkling cover scene will make your winter a little more bearable and remind you of similar times when nature has provided a brief but spectacular reprieve from the winter doldrums. May the new year offer you a chance for new endeavors.

COUNCIL DISTRICT MEETINGS

District 18 Meeting. Tues., Jan. 17, 1995; Adams Alumni Center, Lawrence, 6:30 p.m.

Districts 2 & 3 Joint Meeting. Tues., Jan. 24, 1995; La Bonne Bouchée, 618 Ward Pkwy, 6:30 p.m.

District 12 Meeting. Tues., Jan. 31, 1995; Parkhills CC, Pratt, 6:30 p.m.

District 15 Meeting. Tues., Feb. 14, 1995; Dodge City CC, 6:30 p.m.

Farewell, and Hail

revious editorials have dealt with the future of KANSAS MEDI-CINE. Now we are able to report that the future will soon be the present. Last May the House of Delegates approved Resolution 94-16, authorizing the Executive Committee, in consultation



with the Editorial Board, to develop a new format for the journal that would maintain scientific content while adding more legislative and socioeconomic news, as well as practice-related features. Because of contractual obligations, the change was to become effective in January 1995.

The meeting between representatives of the KMS Executive Committee and the Editorial Board was very frank and open. Several formats were discussed, ranging from leaving the current journal untouched to changing to a newspaper-style publication. The KMS Newsletter was also discussed. This is another vehicle with which the society communicates with member physicians. The newsletter is a simpler format which can be prepared and mailed quickly and economically. However, it was decided that the newsletter is not the right forum for scientific articles, clinical information and official proceedings of the Kansas Medical Society.

The decision reached by the committee was to continue publishing KANSAS MEDICINE, but in a quarterly format. This issue, therefore, is the last of what has been the oldest continuously published monthly state medical journal. While my time on the journal staff has been short, the experience has been very interesting and informative. I have been impressed with the number of physicians who have been willing to write monthly columns and articles on special topics at the request of the editor. My thanks to all our columnists for their interest in the journal and their expertise in writing meaningful and informative articles. We plan to continue publishing the monthly columns in future issues. Also, a word of thanks is due to Kansas physicians who continue to submit their scientific papers for publication in KANSAS MEDICINE. Your articles are one of the reasons for publishing the journal, and we hope your interest and efforts will continue and

Looking back into the past, it is interesting to

note that, at one time, advertising revenues from the journal helped finance the operation of the society. Today the reverse is true, and the society has been generously subsidizing KANSAS MEDI-CINE for some years. Certainly advertising revenues have been reduced with the advent of specialty journals and the many "throw-aways" that are sent to so many physicians. It is only logical that advertisers will put their dollars where they can reach the largest audience. This means we may see less national advertising in future issues, though our new national advertising group is seeking different types of advertisers to replace the loss of support from pharmaceutical companies. What effect the reduction in number of issues will have on our future advertising income is uncertain, but our printing and mailing costs will be reduced.

The journal has had many fine editors who have set high standards. Names that many of us will still recognize include Drs. W. M. Mills, Lucien ("Luke") Pyle, Orville Clark and the one most of us "grew up on": David E. Gray. (This is in no way an attempt to list all the editors, nor to exclude the efforts of those not named.) KANSAS MEDICINE has benefitted from the efforts of all whose names have appeared on the masthead since its inception.

It is also fitting to recognize those non-physicians who have had a great deal to do with the actual compilation, management and preparation of the journal for publication. Most recently they have been Val Braun and Susan Ward. Until her retirement a year ago, Val was the stalwart managing editor of the journal. Susan, our current production editor, makes us all look good in print. A sincere thank-you to them for their hard work.

There is always sorrow at the passing of an old friend, but there is also joy with each new birth. While we say goodbye to one KANSAS MEDICINE, we say hello to a new one — a KANSAS MEDICINE that will still bring you the scientific and clinical information you need and those practice tips you want. Plans are to have occasional special features on topics such as the genome project and genetic engineering; and the University of Kansas Medical School-Wichita's 20th anniversary. At the same time, we will publish articles from other physicians around the state. We also hope to attract articles from physicians elsewhere who have

expertise in topics of interest to us. Certain features that have appeared in the journal will now appear in the KMS Newsletter, which will be published monthly. Others will appear in both publications, as appropriate. The publication dates for the quarterly KANSAS MEDICINE will be March, June, September and December. The 1995 edition of the KMS Membership Directory (which will no longer be an issue of the journal) will be published in February. So farewell to KANSAS MEDICINE — and hail . . . to KANSAS MEDICINE.

Have a good winter, and we'll be back in the spring. Leave a light on for us! W.E.M.

CME OPPORTUNITIES

Current Issues in Perinatology and Neonatology. Feb. 3, 1995, Kansas City. Call Bixby Institute, 800-821-5140, ext. 4306.

Ambulatory Obstetrics and Gynecology. Feb. 5-7, 1995, Lake Tahoe. Call UC Davis Med. Ctr., 916-734-5390.

Healthcare Info. and Mgmt. Systems Soc. Conf. Feb. 12-16, 1995, San Antonio. Call 312-664-HIMS. (Fax: 800-469-5446.)

Telemedicine & Distance Healthcare. Feb. 27-28, 1995, Dallas. Call Inst. for Int'l. Research, 800-345-8016.

Telemedicine. March 15-16, 1995, San Francisco. Call 800-882-8684.

What's New in Diabetes Symposium. March 10, 1995, Kansas City. Call KU Med. Sch., 913-588-4488.

Nutrition for the Older Adult. March 23, 1995, KSU, Manhattan, Ks. Call Diane Sanders, Ks. Nutrition Council, 913-532-1670.

Childhood Sexual Abuse and Memories: Current Controversies. Mar. 31-Apr. 1, 1995, Kansas City. Call KU Med. Sch., 913-588-4488.

HIV Management for Primary Care Physicians. Mar. 31-Apr. 2, 1995, New York. Call 201-385-8080.

Cervical Spine (Rae R. Jacobs Lecture). April 7-8, 1995, Kansas City. Call KU Med. Sch., 913-588-4488.

Postgraduate Symposium on Anesthesiology. April 7-9, Kansas City. Call KU Med. Sch., 913-588-4488.

American Occupational Health Conference. April 28-May 5, 1995, Las Vegas, NV. Call 708-228-6850. (Note: This overlaps KMS Annual Meeting time.)

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A Lot of Work

ne would expect that a trip to Honolulu, no matter what the circumstances, would be a vacation. However, the 1994 Interim Meeting of the AMA House of Delegates was no vacation!



First of all, the meeting actually started two days earlier than scheduled. The opening session of the house was scheduled for Sunday, December 4. So Kay and I planned our arrival in Hawaii for Thursday evening so we would have two days to "lay in the sun" before going to work. My naiveté became apparent as the late mailings arrived announcing the "premeetings." The final schedule had me attending meetings starting Friday noon. So much for the sun (I burn anyway)! With the additionally scheduled Mid-America Caucus breakfast meetings starting at 6:30 or 7:00 a.m., we were literally scheduled all day every day from noon Thursday until noon the following Wednesday.

Thursday afternoon's meeting was for present and past state society presidents and executives and was an open, far-ranging exchange of ideas and concerns. There was a significant discussion of the study of the reorganization of the federation.

On Saturday we attended the annual Forum for Medical Affairs, which this year was titled "Survival in the Face of Change." The diverse presenters included a journalist and author, a senior managed-care executive, the general counsel of the Senate Judiciary Committee's antitrust subcommittee, the staff attorney for the Federal Trade Commission, the senior advisor for clinical affairs for the American Hospital Association, and others. Among the messages driven home to us were:

- Health care is big business and, consequently, competitive.
- Managed care is evolving to the stage that medical groups will be at risk and accountable.
- The Federal Trade Commission believes that "competition benefits consumers."

• For any law to pass, it must be good for consumers — not just doctors.

Lonnie Bristow ended the session with an interesting description of physicians as "health coaches in the game of life."

Sunday began a hectic four days of House of Delegates sessions, reference committee meetings, and state and regional caucuses. The sheer volume of material covered was awesome.

The house received a total of 82 reports from the board and six committees. These reports weren't just perfunctory papers but were well researched and documented. They included an informational report from the board on California's tobacco tax and Health Protection Act of 1988, which indicates that when the tax on tobacco products is increased *and* the revenue is spent on education concerning the health hazards of tobacco use, there is a definite reduction in tobacco consumption.

Nine reference committees handled a total of 135 resolutions, which ranged from A (Advertising of Alcoholic Beverages) to Y (Young Physicians' Position on the Board of Trustees).

It was clear to me that any state delegation or specialty society or component could have a strong voice in the proceedings if it chose to, much in the same way as any county medical society or component can have a significant voice in the proceedings of our Kansas Medical Society.

It puzzles me when I hear a physician or group complain that the AMA or the KMS does not represent them for, as I have observed, both organizations are truly representative. But to make them work, the individuals have to be involved.

So, to each of you I say, "Be involved!" We need to rationally discuss and deliberate our differences so we can speak with one voice on the important issues.

There will be more specific information on the various resolutions in forthcoming issues of *AM News* and the *JAMA*.

Donald R Brade, Dis

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Birth-Related Neurological Injury Compensation Programs

WAYNE T. STRATTON, J.D.,* Topeka

riginia and Florida have developed a "no-fault" plan to deal with the skyrocketing costs of birth-related neurological injuries. Injuries fitting a specific statutory description are removed from the tort system and administered by a separate



board. Under this program, it does not matter if a negligent act occurred. In order for victims to receive compensation, they must show that care was provided by a participating care provider, that the injury occurred and that the injury fits within the statutory definition. The care provider is not involved, and all compensation comes from the fund. The statute limits a provider's legal liability for medical malpractice only to situations where clear and convincing evidence shows that the injury was caused by an intentional or willful act, in which case a suit must be filed in lieu of payment under the program.

While the concept has been in place in Sweden and New Zealand for more than 15 years, the first U.S. application was initiated in Virginia when, in 1986, the Virginia statutory cap on damages was ruled unconstitutional. With no limit to the potential liability, many malpractice insurers left the market. Well over 100 physicians were left without malpractice coverage, and the insurers stated that they would not be willing to reinsure the physicians unless the obstetric cases posing the highest financial risk were legally removed. The Virginia legislature responded with the Birth-Re-

lated Neurological Injury Compensation Act (the act). Florida enacted an essentially identical statute one year later.

The act was designed to remove the most unpredictable and excessive financial risks associated with insuring providers of obstetric care. The reason why the act applies to this specific risk and is limited to the field of obstetrics care is that this specialty has been affected by the trend of increased liability more than any other field of medicine. About one-third of the claims against OB-GYN providers have related to brain-damaged infants. The damage awards in these cases are also disproportionately higher than in other medical malpractice cases. The Kansas data gathered by the Health Care Stabilization Fund are similar. One-third of all the money paid has been in birthrelated cases. A Kansas jury has awarded over \$19,000,000 in one such case.

Under the laws of both states, there must be a showing that the injury is within the statutory definition. In Virginia, a birth-related neurological injury is defined as: "injury to the brain or spinal cord of an infant caused by the deprivation of oxygen or mechanical injury occurring in the course of labor, delivery, or resuscitation in the immediate post-delivery period in a hospital which renders the infant permanently non-ambulatory, aphasic, incontinent, and in need of assistance in all phases of daily living." Genetic and congenital defects are specifically excluded from the act.

Care providers are not required to participate in the act and, instead, may rely upon the traditional tort law system. Participation is limited to physicians who practice obstetrics or obstetrical services, licensed (or certified) nurse-midwives and any hospital licensed in Virginia. All participants agree to submit to automatic review of all claims to determine if the injury was a result of or aggravated by care below the accepted standard for that profession. Each participant pays annual fees of \$5,000 per individual physician or

*KMS Legal Counsel.

Comments appearing herein are not intended as a substitute for legal analysis or advice. Answers to legal questions depend largely upon the particular facts of a case. The reader is urged to consult an attorney for answers to specific legal questions.

These comments do not necessarily represent the views of Kansas Medical Society. For further information, contact Mr. Stratton, 515 S. Kansas, Topeka, KS 66603.

nurse-midwife. Hospitals are allowed to pay the annual fee for a residency position and not for each individual resident. Further, a \$50 fee is assessed upon each delivery. The maximum yearly contribution to the fund is set at \$150,000.

The program is governed by a board of seven individuals: one representative of participating physicians, one of non-participating physicians, one of hospitals, one of liability insurers and three

"citizen" representatives.

Liability under the act is determined by the Industrial Commission, which also handles the worker's compensation claims. It is responsible for determining if an award is to be granted and is advised by a medical advisory panel composed of expert physicians. Once it is determined that compensation is warranted under the act, the fund will pay damages on a periodic basis as they are incurred. The fund will pay only for those expenses not covered by any other collateral source, such as an insurance policy or governmental program. Finally, only "necessary and reasonable" expenses are compensated.

It is too soon to tell if this type of program will accomplish its goals. Among the issues yet to be determined are whether the program will survive on the current voluntary basis, and if the fund is generating enough income to pay all of the claims. There will also be continuing litigation as to the constitutionality of and the limits to the act. It is also not clear whether such a no-fault concept will be applicable to any other area of

medical malpractice.

Many of the issues that caused Virginia and Florida to create their funds have been met in other ways. Significant inroads are being made in reforming the current tort law by limiting damages and fees, preventing double payments by reducing damages awards by the amount which the plaintiff has already received from outside sources, and the creation of stricter procedures in the bringing of a malpractice action.

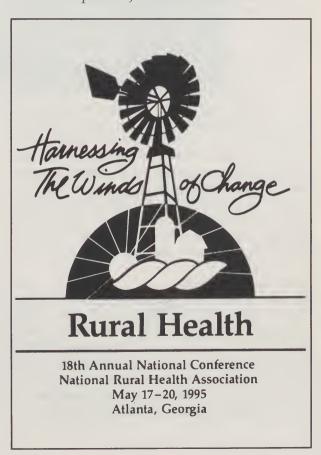
Whether these will reverse the risk and costs associated with obstetrics remains to be seen.

Following are two updates to Mr. Stratton's November column on the Health Care Stabilization Fund.

1) Governance of the Fund. The Fund is now entering a new phase. As of January 1, 1995, the HCSF is solely controlled by the Board of Governors. The Legislature extensively revised the act to vest authority for its operation with the Board. Since the Board is made up exclusively of

representatives of the health care providers who contribute to the Fund, there will be more direct involvement by those who have a financial interest in the Fund's operation.

2) Obtaining adequate tail coverage. Even if you have contributed to the Fund for five years. the tail coverage provided by the Fund is only the amount which you may have selected when you were an active health care provider, and which was in force at the time of the claim. This is because the Fund provides coverage only for the level the physician has with the Fund at the time the claim occurred. As an example, if a physician chooses to purchase \$100,000 in coverage from the Fund, there will be \$300,000 in coverage while the physician is in active practice because there will be \$200,000 from his or her underlying insurance carrier. However, a physician who becomes an inactive health care provider upon retiring or leaving the state will be left with only \$100,000 in coverage because the primary insurance is no longer available. It is apparent that many doctors have not realized that their ultimate tail coverage would be so limited. The time to obtain this coverage is while the physician is in active practice, not after retirement.



The Medical Student of Today Is Your Doctor of Tomorrow

ear Kansas Physicians: In the message below, Carolyn Harrison describes the plans for this year's AMA-ERF fundraiser and asks for your help in collecting items to auction at the event. Please join with the Alliance in making this year's effort a huge success by contributing



artworks from your area. And make a note on your calendar to attend this special "evening of the arts." Remember, every cent of this money goes to help our doctors of tomorrow.

Mancie Craia

The future of quality medical care is the responsibility of today's medical community. Who knows better the demands on medical students...times of fatigue, frustration, financial concerns — and the hope and enthusiasm for providing good medical care.

Many factors contribute to our high standard of care in the United States, and among them is the expertise of physicians. As the cost of medical education continues to increase and sources for funding dwindle, support from the medical community is vital to ensure that future physicians receive the best educational and research opportunities. The American Medical Association-Education and Research Fund (AMA-ERF) is dedicated to ensuring that medical schools and medical students receive funds to supplement the cost of education and training.

How Can You Help?

We have planned a fun evening on Friday, May 5, 1995, as part of the KMS and KMSA annual meetings in Overland Park. The event will include dinner, entertainment, and the AMA-ERF auction to raise funds for AMA-ERF. Also, money collected during 1994 by the KMS Alliance will be presented to the deans of both campuses of the University of Kansas School of Medicine.

To donate an item to the AMA-ERF auction, call Carolyn Harrison, 316-634-0613.

This is where we need your help! The items for the auction are donated by KMS and KMS Alliance members. If you know of an individual such as a member or a local artist who might donate an item for the auction, please contact the AMA-ERF Chairman, Carolyn Harrison (316-634-0613). We would like items with an artistic flavor: oil, acrylic or watercolor paintings, woodcarvings, pottery, sculpture and jewelry are some examples. Anything donated should come with a brief description of the artist. We are asking each KMS county alliance/auxiliary to donate an item, such as a work of art or a theme basket.

Please remind prospective donors that their donation is tax-deductible, and we will provide a receipt. A market value should accompany the donated item.

When you donate to AMA-ERF, you may designate which medical school is to receive the funds. Your *entire* contribution goes to the medical school you designate. This could be your alma mater, a school you admire for its excellence in a certain specialty, or a medical school in your community. You may also designate the funds to go to the Medical School Excellence Fund, which provides grants that are used at the school's discretion; or to the Medical School Assistance Fund, which must be used in direct financial aid to students.

Donations to AMA-ERF are more than just a charitable contribution; they are a legacy from one generation of medical professionals to another. Thank you for your support of AMA-ERF.

Carolyn Harrison



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Bringing Medical Informatics Into Mainstream Clinical Medicine

RONALD B. DAVIS, M.D.,* Wichita

As we physicians have ever more technology to assist our clinical skills in diagnosing and treating patients, we have a critical need for a system to handle information effectively and efficiently. The medical information science that supports the development of such a system is called medical informatics.

One avenue bringing medical informatics into clinical medicine is physicians in training. Physicians coming out of medical schools and residencies with information science skills bring them to the medical community. The University of Kansas School of Medicine-Wichita (UKSM-W) has been providing this training for five years and has developed expertise in computer use by student physicians. Many lessons have been learned, and there are many more to be learned. Excitement is obvious in the staff members promoting these efforts.

The Program

The effort began five years ago with desktop computers and progressed to 80 notebook computers two years later for third- and fourth-year classes. Resistance gave way as students and faculty began to find these "notebooks" useful. Among the numerous features offered on the computer system, two proved most popular: medical literature search and telecommunications with the four teaching hospitals in Wichita.

Medical literature search is accomplished with "Silver Platter" through Dykes Library at the Kansas City campus. It is menu-driven and uses a modem for access. Both faculty and students found this useful.

Telecommunication with hospitals provides a method of practicing better and more efficient medicine by allowing modem access to clinical data immediately following the test or procedure. Especially during the obstetrics rotation, students found they could follow their patients more closely and use their time more efficiently. This is true on other rotations as well.

An electronic *PDR*, to be implemented in the next two years, will provide the advantage of having medication details close at hand without having to carry the heavy printed version. As more medications become available, the potential for drug interactions increases, so this feature will be very useful.

Some computer learning has been by "reverse osmosis," wherein faculty members have learned from students. This is expected to continue as each incoming class has more computer knowledge and experience than the previous one and demonstrates these skills to the faculty.

Students store demographics of patients they see and record procedures they do. This allows them to document learning experiences for residency application and credentialing. It also can assist in assuring that students get a well-rounded training experience and provides a reference for particularly interesting and educational cases.

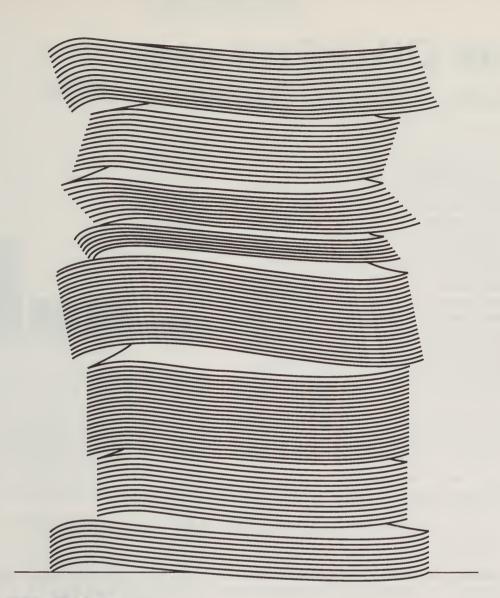
New frontiers are being explored. Internet connection and LANs (local area networks) are being added, increasing both available information services and ease of communication. Students in the future may require a computer, much as a stethoscope and rubber hammer are required today. The first year of medical school may have some formal medical informatics presentations that will be built upon as the student goes through training.

Pockets of interest and expertise have developed within the school over recent years and are now coalescing into a task force with the goal of formalizing a medical informatics curriculum. There are not many working models to serve as examples, but there is a written implementation guide that will be helpful. This and other input will be used to develop a medical informatics pro-

*Address correspondence to Dr. Davis at Family Med-Center, 315 N. Hillside, Suite B, Wichita, KS 67214.)

The author wishes to thank Leland H. Parks, Ph.D., Dept. of Internal Medicine, UKSM-Wichita, for his assistance in writing this article.

(Continued on page 277.)



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E. coli Q157:H7 in Kansas, January 1993 to September 1994

scherichia coli O157:H7 was first recognized as a human pathogen in 1982. It is now an important cause of bacterial enteritis. Illness has been most frequently associated with the consumption of undercooked beef, especially ground beef. However, other foods, such as raw milk, apple cider and water have also been implicated in outbreaks of E. coli O157:H7.^{2,3} Person-to-person transmission, such as in day care settings, has also been reported.4 Symptoms usually include abdominal cramps and diarrhea that may become bloody as the illness progresses. Fever has been reported in about one-third of cases. It has been estimated that approximately 5% to 10% of patients develop hemolytic uremic syndrome.⁵ The very young and old are at the highest risk for illness and complications.6

As shown in Figure 1, the number of reported cases in Kansas has increased since case reports were first received in 1990. However, this trend may be a result of increased laboratory testing, rather than an increase in incidence of infection.

From January 1, 1993, to September 30, 1994, 30 cases of laboratory-confirmed E. coli O157:H7 were reported in Kansas. Eighteen (60%) of the cases were in males. Patients ranged from 1 to 78 years of age (median age: 18 years). Information on symptoms was available on 12 patients. All (100%) reported diarrhea, with 9 (75%) reporting bloody diarrhea. Abdominal cramps were reported by 9 patients (75%), and vomiting was reported by 4 patients (33%). Two cases (17%) reported fever. Information on whether the patients were hospitalized was available for 14 cases; seven (50%) were hospitalized for at least one night. Three (43%) of those hospitalized patients were under 5 years of age, and three (43%) were 40 years or older. One patient developed hemolytic uremic syndrome and underwent dialysis, and another patient, a 71-year-old woman, died.

Reports of *E. coli* were widely dispersed throughout the state (Figure 2). Fifteen counties reported at least one case of infection. However,

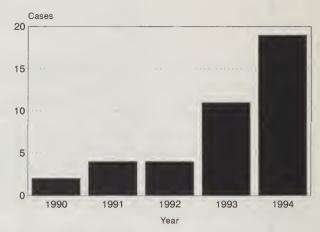


Figure 1. E. coli O157:H7 cases by year: Kansas, January 1990 to September 1994.

13 (43%) of the cases were reported from the three most-populated counties (Johnson, Sedgwick and Wyandotte). The reported cases suggested a seasonal pattern, with 19 (63%) of the infections occurring during the summer (June through August).

Six (67%) of the nine patients with information on possible exposures reported eating ground beef in the seven days before the onset of illness, and one (11%) additional person reported eating an undercooked steak. Three (33%) individuals reported living on a farm and had contact with cattle within seven days of the onset of illness.

Most persons recover from infection with E.

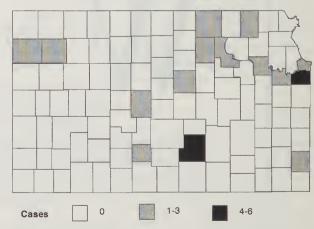


Figure 2. E. coli O157:H7 cases by county: Kansas, January 1993 to September 1994.

Reported by L. Wilberschied, M.S., Epidemiology Section Bureau of Disease Control, Kansas Department of Health and Environment.)

coli O157:H7 in 5 to 10 days. There is no evidence that the use of antibiotics changes the course of disease. Antidiarrheal agents are not recommended, as they may increase the duration of illness and the period of infectivity.⁷

While outbreaks of *E. coli* O157:H7 may be detected because of clusters of hemolytic uremic syndrome or severe diarrheal illness, isolated cases are unlikely to be detected without testing for the organism in stool specimens. However, isolation of *E. coli* O157:H7 requires a different medium (Sorbitol-MacConkey) than used for other enteric pathogens such as *Campylobacter*, *Salmonella* and *Shigella*. Therefore, testing for *E. coli* O157:H7 should be specifically requested if infection is suspected, so that the laboratory will use the appropriate medium.

Individuals may decrease their risk of infection by cooking beef until the inside is no longer pink and the juices run clear, or until a meat thermometer reads at least 155° F. Contamination of other food items with raw or undercooked beef should be avoided. All work surfaces, dishes and utensils that come in contact with raw meat should be thoroughly scrubbed with soap and water after use. Person-to-person transmission can be minimized by careful handwashing. Physicians are en-

couraged to report all cases of *Escherichia coli* O157:H7 and hemolytic uremic syndrome to their county health department.

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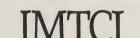
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Advances in the Management of Voice Disorders

GARY Y. SHAW, M.D.,* JEFF SEARL, M.A., CCC-SLP,† AND LARRY A. HOOVER, M.D.,\$ Kansas City

istorically, many voice problems have been overlooked or minimized by patient and physician alike. Some patients were referred to a speech therapist, while others were considered functional and were sent for psychiatric evaluation. Recently a renaissance of sorts has occurred in both the diagnosis and treatment of phonatory disorders. This is reflected in the emergence nationally of several centers of voice study, including the one at the University of Kansas Medical Center. At these centers, many new technologies are employed to detect subtle voice pathology and monitor treatment. In conjunction with these advances, an emerging therapeutic discipline known as phonomedicine has evolved. This article summarizes some of the more significant changes that have occurred in the diagnosis of vocal disorders.

The traditional method of evaluating the larynx was to examine indirectly with a headlight and laryngeal mirror. While gross abnormalities could be detected, subtle pathologies were often overlooked. Moreover, the wave-like phenomena of the opposing vocal cords could not be appreciated. The advent of high-resolution fiber-optic video, combined with stroboscopy, allows for detailed examination of the vocal cords in phonation.

The principles of stroboscopy were elucidated in the 19th century. Oertel was the first to apply stroboscopy to the study of the larynx. Modern stroboscopes use flashes of light to create a montage of the vibrating vocal folds. The basic vocal pitch (e.g., fundamental frequency) is used to time the light flashes in such a way as to create the impression of the vocal folds moving in slow motion.

Videostroboscopy has been shown to be useful in many phonatory disorders. Asymmetric movement of the vocal folds can be detected, since the wave-like movement can be carefully analyzed. This can be instrumental in the early diagnosis of most laryngeal lesions, including detection of larvngeal cancer, development of vocal nodules, or vocal-cord scarring. Newer developments allow integration with computer software, permitting digitized quantitative analysis, which will undoubtedly increase the sensitivity of this powerful tool. The videostroboscopic examination itself begins with the patient sitting in an exam chair, head slightly forward, mouth open, while the tongue is gently grasped. A 70- or 90-degree rod telescope is carefully passed to avoid a gag reflex. If gagging occurs, a topical anesthetic can be employed. The larvnx and vocal folds are imaged on a monitor and a video recording is begun. Analysis of the videolaryngoscopy is performed in a stepwise fashion. This includes measurement of the fundamental frequency (including its upper and lower range); and analysis of the symmetry, regularity, amplitude and waveform of the strobed glottic wave. Also routinely noted is whether glottic closure is complete; the location of any non-vibrating portion; and if the false cords are used in phonation. Finally a digitized photo of any significant pathology is included in the computer-generated report, which becomes a part of the permanent record. A copy is also sent to the referring physician or speech pathologist (see Figure 1a,b).

Evaluation of the voice itself was traditionally performed by the listening observer. This so-called perceptual analysis was useful with one-on-one therapy but allowed too much variation among observers to be considered a useful diagnostic tool. Computerized acoustic analysis allows us to quantify phonatory abnormalities, enabling the establishment of norms which can be easily compared to patients' measures. Subjects' voices are typically recorded on a high-quality tape recording, which in turn is fed into a com-

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Director: Gary Y. Shaw, M.D.	TAPE: 6
NAME: EVAL KUMC#: 1161310	.DATE: 11/19/92 No.: 53
VIDEOSTROBOSCOPY	
FUNDAMENTAL PREQUENCY: Falsetto: 268 Hz Modal: 196 Hz Basal: 158 Nz	AMPLITUDE: Right: 2 1=normal 2=decreased 3=absent
SYMMETRY: 2 1=symmetrical Comments: 2 2=asymmetrical HOARSEWESS, STRINED, NO NIGH PITCB	HAVE: Right: 2 1=normal 2=decreasec Left: 2 3=absent NON VIBRATING PORTION: Right: 2 1 1=none
REGULARITY: 1-regular Comments: 1-complete GLOTTAL CLOSURE: 1-complete 1 1-complete	Left: 2 3=complete VENTRICULAR FOLD HYPERADDUCTION: 2 1=absent Commenta: FVF OVERADDUCTIVE LIKE FISHMOUTB
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SAMPLE DATE: 11/19/92		N	ame:			Page
FUNDAMENTAL FREQUENCY Falsetto: 268Nz Model: 183Bz Basal: 158Bz	SBIMMER(dB): SIGNAL/NOISE:	27.21 5.16		.093; 24.17; 1.19:		61)
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PATIENT RATINGS OF: OBSERVATIONS/COMMENT	Speech Effort: Sound Of Voice: Interference From ' S: Pt'voice is low	Voice:	2 4=m	one 2=s oderate		
	Bound Of Voice: Interference From V S: Pt'voice is low	Voice:	2 4=mc	ltch	5=seve	ere)

Figure 1a,b. A digitized photo is included in the computer-generated report.

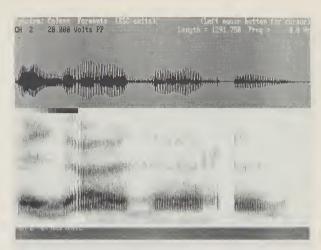


Figure 2a. Spectral analysis.

puter via a digitizing board. Specially designed phrases are employed to test specific problems.

The most common measurements include amplitude variation from cycle to cycle, known as "shimmer." Another useful measurement is "jitter," which is the cycle-to-cycle variation in frequency. The signal-to-noise ratio evaluates the periodic to aperiodic vocal energy. The measurements allow us to quantify terms such as hoarseness or roughness. Data are again recorded on our voice disorder form, which also includes an interpretation of these results.

Spectral analysis, another computer-derived function, allows for a graphic display of the voice. Under normal conditions, the voice can be described in terms of its fundamental frequency and its first three format frequencies. These represent energy peaks, which can be depicted graphically, allowing for rapid visual detection of abnormalities. Spectral analysis has been found to be useful in neurologically related voice disorders. Typi-

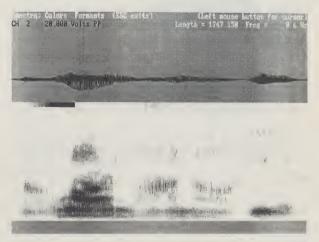


Figure 2b. Spectral analysis.

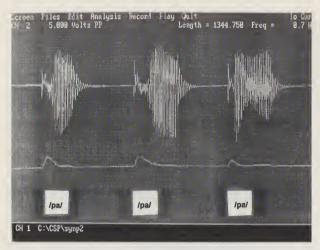


Figure 3a. Aerodynamic study.

cally it is recorded simultaneously with the acoustic signal, which aids in the detection of abnormal patterns (see Figure 2).

Aerodynamic studies are employed to measure the airflow through the glottis. The quotient of estimated subglottic pressure and mean transglottic airflow can be used to measure glottic resistance. Patients with hoarseness produced by vocal fold stiffness usually present with elevated resistance. When an acoustic filter is applied to remove the effect of the vocal tract, a measure of glottic flow waveform is obtained. This is useful because the perceived acoustic signal is determined in great part by the shape of the air pressure pulse (see Figure 3). When combined with measurement of nasal air pressure, an estimate of velopha-

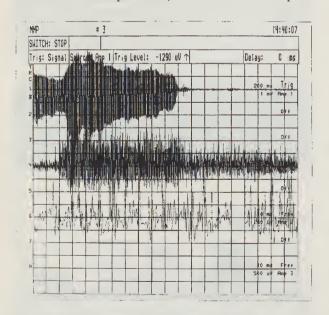


Figure 4a. Laryngeal electromyography.

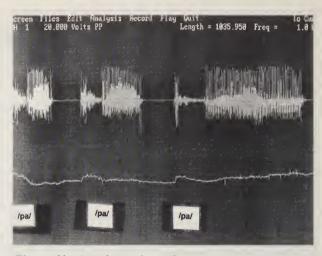


Figure 3b. Aerodynamic study.

ryngeal competence can be made. This is quite useful in determining therapy for cleft palates.

Glottography uses physiologic sensors to record the actual opening and closing cycle of the glottis. Photoglottography (PGG) measures the amount of light transilluminated by the glottis. Electroglottography uses a low-intensity current, which completes its circuit when the vocal folds are in contact. Changes in glottographic waveform have been associated with changes in laryngeal vibration, indicating mass lesions or asymmetric stiffness. Electroglottography is a non-invasive test whose signal interpretation can be facilitated through computer programs. It is useful to record the glottographic signal with the stroboscopic signal to determine precisely to what

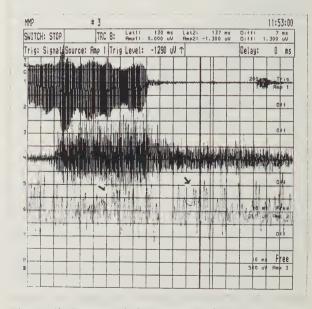


Figure 4b. Laryngeal electromyography.

phase of the glottic cycle the visualized image corresponds.

Laryngeal electromyography (EMG) measures the neuromuscular function of the larynx. It has traditionally been applied to evaluate laryngeal nerve paralysis. Advances in techniques, equipment and computer technology have broadened its application. We now have the ability to detect nerve function in infants as well as subtle changes associated with demyelinating diseases. With laryngeal EMG, our ability to predict whether a paralyzed muscle will have return of function is greatly enhanced. This allows for more efficient application of surgical therapy. Typically, we find it useful to record the EMG signal with the acoustic signal to detect subtle differences in stopping or starting speech, as in spastic dysphonia and stuttering (see Figure 4).

While each of these tests assists in the precise diagnosis of vocal pathology, in general a combination of tests is useful in gaining a complete picture. Increased interest in understanding vocal pathology has spurred the development of more sensitive and reproducible tests. This, in turn, allows for earlier and more accurate diagnosis, which results in more effective and focused therapy.

MEDICINE AND COMPUTERS

(Continued from page 270.)

gram and keep our medical school on the leading edge of this science. This will be a great advantage to graduates. As demands for information management continue to increase, these physicians will have the skills to meet the challenge.

Medical informatics is crucial for the continued provision of high-quality medical care. It enhances our clinical skills and assists in formulation of treatment and management plans. It makes our health care services more efficient and effective.

Exciting changes in medical information science are coming, and we are fortunate to have a medical school that is a leader in incorporating them into the curriculum. Faculty and community physicians will be challenged to stay ahead of students coming into the educational system who are ever more adept at making the byte serve their needs. We physicians must meet the challenge to become proficient in the clinical application of medical informatics.

I Study Medicine

ARTHUR E. HERTZLER, M.D.

t is difficult to realize the position of the country boy of fifty years ago bitten by an ambition to enter the medical profession. It was generally believed by the laity in our community that all

lawvers and twothirds of the doctors went to hell. The third saved were homeopaths with beards. Most of the doctors of that day were addicted to liquor, smoked pipes and did not go to church. I knew full well that any mention ambitions would bring a storm of protest. My father believed, as Mr. Tul-



liver, that all lawyers were created for and by the devil and that approximately all doctors were parasites of society. He cannot be blamed for his uncomplimentary opinion of doctors because the small fortune he spent for alleged medical skill for members of his family netted just about nothing. How he came to his conclusions about lawyers I never made out, unless it was just plain instinct. I have no brief for the lawyers. But doctors are now accorded a better prospect of escaping an unhappy destination. At least only the clergy still harbor any apprehension and the obvious futility of doing anything about it seems to discourage them. It never did cause the doctors any concern. Some of the more unregenerate among us would prefer to be in hell with babies than in heaven with criminals, for all executed culprits profess assurance of salvation before they take their last

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Geriatric Ethics: Justifying Paternalism

NINA AINSLIE, M.D.,* WILLIAM BARTHOLOME, M.D.,† AND LINDA WOLTER, M.D.,\$ Kansas City

ase: Mrs. C.D. is a 90-year-old woman with osteoporosis and scoliosis causing chronic back pain, hypoparathyroidism, long-standing anorexia and cachexia, and a history of psychotic delusions and some obsessions regarding her medications. Her psychiatric problems have not interfered with her care or functioning in the nursing home in which she has lived for the past seven years. Several months ago, she developed a fever, cough, and right-upper-lobe infiltrate on chest x-ray. She was hospitalized and treated with antibiotics, with resolution of her symptoms and fever. Follow-up chest x-rays, however, show a continued right-upper-lobe infiltrate unimproved with respiratory therapy for atelectasis. Mrs. C.D.'s weight, while chronically low, has been stable, she is still anorexic, and she has a slight dry cough. A PPD and control skin tests are all negative, showing that she is anergic.

Mrs. C.D.'s physician suspects that she has either a malignancy obstructing a bronchus or tuberculosis. The patient is unable to produce sputum for acid-fast bacterial culture. She has declined any further evaluation after a discussion of what bronchoscopy entails. Her physician considers her capable of understanding and making this decision.

The nursing home is concerned about the possibility that this resident may have tuberculosis. They wonder how to reconcile their "public health" need to know Mrs. C.D.'s diagnosis with the risk to her of an invasive evaluation and the obligation to respect her wishes and rights.

Discussion

The highest incidences of tuberculosis occur in

institutions such as nursing homes and prisons. Persons over 65 have the highest case rate of any age group at 39/100,000 in nursing homes and 22/100,000 in community-dwelling elderly in a recent year. These rates contrast with 11/100,000 in the 25-to-40 age group. Kansas, however, has one of the lowest incidences in this country, with an overall rate of 0 to 5/100,000.

An ethical dilemma exists when two or more important ethical values are in conflict. For example, autonomy, respecting the patient's decision, may conflict with beneficence, the doing of good for the patient. Autonomy might also conflict with justice, the public good.

At issue in this case is how one might justify the paternalism of overriding Mrs. C.D.'s decision not to undergo a workup. We ordinarily think of paternalism as justifiable when it is for the patient's own good. In this case, however, another layer of considerations is included: that of the safety of the nursing home staff and residents.

We will first discuss justifying paternalism for the patient's own good. The steps in doing so start with the four questions one should ask in making any medical decision: 1) What are the risks to the patient of not intervening? 2) What are the risks and burdens of the intervention itself? 3) What benefits will be provided as a result of the intervention that would not be provided without it? For a diagnostic intervention, the answer to this question often depends on the diagnosis one finds by intervening, and may be difficult to predict. 4) Are there any alternatives that could provide the benefit but avoid the risk? Physicians commonly ask these questions in making medical decisions, although we may give short shrift to the fourth one.

To impose an intervention on an unwilling patient pushes us farther than the questions above to ask what level of infringement of the patient's liberty would be required to carry out the intervention. To have to physically restrain a patient to do a bronchoscopy is a different level of infringement (as well as risk) than to ask her to have a blood test or take two pills a day. Forcing an intervention on an unwilling patient obligates

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The Center on Aging at the University of Kansas Medical Center sponsors a monthly discussion of the ethical issues of a geriatric case. The case is presented by a geriatric medicine fellow, and Dr. Bartholome, a pediatrician and ethicist, leads the discussion. The intention is to examine and develop an understanding of the issues involved in the case.

us to choose the alternative that causes the least infringement of autonomy to achieve one's end.

This obligation to infringe on a patient's autonomous decision in as limited a way as feasible should send us back to considering alternate interventions. In Mrs. C.D.'s case, it was unclear that every diagnostic strategy had been exhausted. Additional efforts to teach the patient how to induce a sputum, working with her each morning, might have yielded acceptable samples. A gastric aspirate, while uncomfortable to obtain, is less risky and may be helpful. A CT scan of the chest, or even tomograms, may suggest whether the underlying process is more mass-like or more infiltrative.

In Mrs. C.D.'s case, finding alternative diagnostic strategies would be unnecessary if it were not for the additional public health issue. There is no evidence that her condition is a burden to her at present, and an aggressive evaluation is not only risky, but may well not reveal a treatable disease. Without the concern for the risk of tuberculosis in staff and other residents, there would be no adequate justification for overriding Mrs. C.D.'s wishes.

The public health issue requires us to weigh respecting the patient's wishes against the potential good or harm for a large number of other people. Deciding from this perspective to override the patient's wishes leads again to an analysis of the potential risks and benefits of intervening or not intervening for the larger nursing home community. Considerations would include the low incidence of tuberculosis in Kansas, the results of recent and past tuberculosis skin testing of staff and residents of the nursing home, the possibility that our case resident could have reactivation disease (old chest x-rays could assist with this determination), the improbability that this patient who never leaves the home has new infection unless there is another currently active case in the home, and so on. Considering these facts and possibilities would assist in defining a level of certainty (or uncertainty) about Mrs. C.D.'s possible diagnosis and the risk she poses to other persons. Despite the uncertainty that would persist, one could use the estimate of risk to assist in decision making.

Once again, the search for alternatives to bronchoscopy might be stimulated. An additional possible strategy to consider would be to repeat skin testing on all employees and residents of the nursing home to see if any increase in positive reactions was found. In a situation where the likeli-

hood of tuberculosis seems high, one might even consider asking the patient to accept standard treatment for tuberculosis in the absence of a diagnosis, with the attendant toxicity risks.

It is important, then, to approach such cases as ethical, and not merely clinical, problems. In consciously attempting to balance competing ethical principles such as autonomy and justice, one is often stimulated to find more creative, if sometimes only "second best," clinical solutions. In this case, maximizing both respect for patient autonomy and the public good, or justice, involves recognizing that some level of uncertainty is a perpetual accompaniment of clinical care. Finding an uncertainty level that is certain enough to be tolerable and safe to the parties in the case is sometimes the optimal solution.

Dr. Galichia Recognized as Fitness Leader of the Year

Wichita cardiologist Joseph P. Galichia, M.D., was named Kansas Fitness Leader of the Year for 1994 by the Kansas Governor's Council on Fitness. The award recognizes his significant contributions to the health and fitness of Kansans.

Dr. Galichia has practiced cardiology in the Wichita area since the late 1970s. President of the Galichia Medical Group, he is also a fellow of the American College of Cardiology and the American College of Angiography and is vice president of the American Society of Cardiovascular Interventionists.

Dr. Galichia is a nationally recognized pioneer in interventional cardiology. In the 1980s he studied in Switzerland with Dr. Ernst Schneider and the late Dr. Andreas Gruntzig, inventors of the balloon angioplasty technique. As a co-investigator in the National Heart, Lung and Blood Institute's Coronary Angioplasty Registry, Dr. Galichia has contributed data to the study for more than 10 years and has been published in the New England Journal of Medicine.

Largely through the efforts of Dr. Galichia, St. Francis Regional Medical Center was among the first six institutions in the U.S. to perform more than 1,000 angioplasties. He has participated in clinical studies of numerous medications, including thrombolytic therapy, and has tested various angioplasty procedures, such as atherectomy, laser, Rotablator, intraluminal ultrasound and stent technology.

Physicians are Key to Breast Cancer Early Detection

ANALEE E. BEISECKER, Ph.D.,* Kansas City

Breast cancer is the second leading cause of death from cancer in women. During 1994, the American Cancer Society predicted, 1900 women will have been diagnosed with breast cancer in Kansas, and 500 will have died of the disease. Since we have no proven cure for breast cancer and no proven preventive strategies, the key to saving lives is early detection. Breast cancer is curable over 80% of the time, if a tumor is less than one centimeter when diagnosed. When found early, cure is often possible with neither loss of the breast nor need for adjuvant chemotherapy or hormone therapy.

Methods of Detection

There are three recommended methods of early detection: breast self-examination (BSE), clinical breast examination (CBE), and mammography. All three methods should be utilized together. BSE should begin at age 20 and should be done monthly. All women should have an annual breast examination by a physician or trained nurse after age 40; CBE should be done at least every three years prior to age 40.1 There is general agreement that women over age 50 should have an annual mammogram. The American Cancer Society and Susan G. Komen Breast Cancer Foundation recommend that mammograms every one to two years begin at age 40.1,3 The National Cancer Institute (NCI) makes no mammography recommendation for women under age 50, because research studies conducted so far have not included enough women under age 40 to prove scientifically the value of mammography in reducing mortality from breast cancer.4 It should be emphasized that NCI has not stated that women between the ages of 40 and 50 should not have mammograms; the NCI simply takes no position

on the matter and recommends that a woman and her physician make the decision.

Data from the 1992 Behavioral Risk Factor Surveillance System (BRFSS) survey conducted annually by the Kansas Department of Health and Environment, Bureau of Chronic Disease and Health Promotion, showed that 69.4% of Kansas women over age 40 had ever had a mammogram, and 59% had a mammogram within the past two years. Even though screening rates continue to rise, underutilization of screening mammography is a problem among all populations of women. Lower income, less formal education and older age inhibit screening behavior. Other barriers are rural residence and not being married.^{5,6} (See Figure 1.) When age, education, income and county of residence were controlled, the only factor significantly related to ever having had a mammogram was recent physician contact.⁵ Lack of physician recommendation or referral is the most common reason cited by women who have not had a mammogram.^{7,8}

Physicians' Role in Early Detection

What should physicians do to increase the chances of early detection of breast cancer in their patients? First, a physician should make sure that each female patient knows how to perform BSE properly. The physician should teach his or her patients proper BSE techniques, have a nurse teach these skills, or refer the patient to a hospital BSE teaching program, if one exists in the community. At each visit, the physician should ask about a woman's BSE practices and document the answer in the patient's record. Second, the physician should include a clinical breast examination as a part of all physical examinations, and even if the visit is not for a physical, perform a clinical breast examination, if the patient is due for one. The CBE should be documented in the patient's chart just as a Pap smear is documented. The physician should perform CBE and stress BSE even for patients who have had mastectomy surgery. The remaining tissue and axilla should

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be examined regularly, both by the patient and by a clinician. Third, if the patient is of appropriate age or is at high risk for breast cancer, the physician should recommend a mammogram and/or refer the patient for mammography. This recommendation should also be noted in the patient's chart.

While public education programs can inform women about the value of early detection for breast cancer, and some programs teach BSE, the most important factor in changing patient behaviors to promote early detection is the encouragement of doctors. Primary care physicians should create an environment whereby patients can learn BSE, should regularly conduct CBE on their female patients and should refer patients for mammography when appropriate.

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Figure 1. Percent of women getting routine mammograms, from mammography backgrounder, National Cancer Institute.

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WORKSHOP: Clinical Psychopharmacology: Antipsychotic & Mood-Altering Treatments — 1995, featuring Ross Baldessarini, M.D. March 11. CE credit: 6 hours. Location: Topeka. Contact: Menninger Continuing Education, 800-288-7377.

WORKSHOP: Integrated Treatment of Anxiety Disorders, featuring Jerrold Rosenbaum, M.D. April 29. CE credit: 6 hours. Location: Topeka. Contact Menninger Continuing Education, 800-288-7377.

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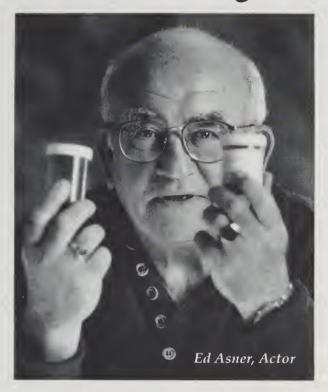
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